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## SOME EFFECTS OF ARTISTIC TALENT ON CHARACTER STYLE

BY VICTOR H. ROSEN, M.D. (NEW YORK)

Silenus, a forest god in Greek mythology, was depicted as a shaggy old man with horse's ears, usually drunk, and often riding upon an ass or a wine vessel. Nevertheless, he was reported to be extraordinarily wise; it was rumored that, if caught, he could be made to reveal his wisdom and give answers to universal riddles. The Phrygian king, Midas, captured him on one occasion and is said to have plied him with wine and questions. It is also reported that Silenus gave him astonishing answers. Nobody learned what these were, however; all that Midas could recall, probably having imbibed some of his own beverage, was that it would have been better never to have been born (1).

Here juxtaposed in two figures is the allegory of the artist and his character: Midas, the man with the magic gift for transmuting base materials into a beautiful, highly valued metal, and Silenus, an elusive eccentric, a semioutcast whose gold is squandered by turning it back into cruder material. The conclusion of their meeting also suggests the inevitable pain associated with all creative effort. Atypical features of their social relationships, value systems, and behavior often set gifted individuals apart from the rest of the community and may even impel them to form their own semi-isolated 'colonies' and social organizations.

The following discussion, which centers mainly upon rather narrow aspects of ego organization, is bound to give the impression that the principle of overdetermination has been neglected, especially in regard to the role of infantile sexuality and the impact of the various unconscious meanings of creativity upon structural conflict. I have no wish to exclude such phe-

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nomena nor to minimize their dynamic importance. However, I shall put them in the background in order to highlight some special consequences of the talented artist's original sensory endowment. I shall concentrate on how such endowment affects the artist's early relationship with 'transitional objects' and the role of such playthings in the development of a capacity for *controlled illusion*. The capacity for controlled illusion, which will be described in more detail, may be an integral element in all artistic activity, a thread that runs through the whole fabric of the artist's personality organization.

This paper was stimulated in large measure by the study of gifted adolescents which has been in progress for the past eight years at the Treatment Center of the New York Psychoanalytic Institute.<sup>1</sup> A general description of this project has been given previously (18). In this presentation, I shall bring together some observations about these patients, referring especially to three who were addicted to infantile fetishes. Since the whole group consisted of only nine patients and does not conform to the statistician's criteria for a representative random sample, it would be invalid to draw other than impressionistic conclusions from the clinical data.

It should be emphasized at the outset that the attempt to estimate the effect of artistic talent upon the personality of its possessor differs from the attempt sometimes made to reconstruct the character of the artist from a scrutiny of his creative products. The latter aim was neatly disposed of by a young art student who once remarked that all one could know about the personality of Jackson Pollock from his paintings was the way he had played basketball. When I asked him how this was possible, he said, 'You can see how he would have dribbled'.

<sup>1</sup> The study was supported by funds from the Arthur Davison Ficke Foundation and through the generosity of Mrs. Gladys Ficke. The late Dr. Ernst Kris was the organizer and chairman; Dr. Marianne Kris has served in a similar capacity since her husband's death. The following have also been associated with the project: Drs. Phyllis Greenacre, Mary O'Neil Hawkins, Edith Jacobson, Margaret Mahler, Annie Reich, and Leo Stone. Those who analyzed gifted patients as part of the project are: Dr. Leo Loomie, the late Mrs. Christine Olden, Drs. Samuel Ritvo, Allan Roos, Victor Rosen, and Martin Stein.

The problem of individual accommodation to a talent is discussed in a fascinating paper by Edith Jacobson (16). She describes first the effects of disabilities, physical and intellectual, upon character and the structure of neurotic conflict in delineating a personality variant which she calls the *exceptions*. She then continues '... not only those cursed with physical afflictions but also those blessed with extraordinary gifts, with genius or with outstanding beauty, seem [to be vulnerable] to becoming a special variety of exception'.

Greenacre (11, 12, 13, 14) has dealt with this problem perhaps more than anyone else. In one paper (13), she develops the idea that the feeling of 'difference' that arises in artists as a result of their special ability leads many to think of themselves as impostors, especially at the beginning of their careers. 'The possession of extraordinary gifts is apparently not easily taken for granted.'

Clinicians, biographers, and writers have known this and have described it in many contexts. Only one aspect of the problem, namely, the creative individual's preoccupation with illusion, will be considered in detail here. Dealing with illusion produces a special tension between cognition and perception in artistic creation. This, in turn, may contribute to certain characteristics that are more or less peculiar to the artist.

Kris (17) stated that the artist, by directing his artistic activity toward an audience, invites them to participate in an *aesthetic illusion* (cf. 29). He described this as a sharing of a common experience in the mind rather than in action. *Aesthetic illusion* is part of a more ubiquitous process which we shall refer to, for purposes of definition, as *controlled illusion*. This is synonymous with Coleridge's epigrammatic phrase, 'the willing suspension of disbelief', in which both artist and spectator, actor and audience engage (3, 22). It resembles imaginative play in children. There is an implied agreement on the part of both artist and audience to abandon the axioms of logic, particularly the exclusion of contradiction, and to treat the creative product as simultaneously fantastic and real. In children's play, 'make-believe' is an analogous activity. Thus, a

chair may become an airplane, but no normal child will attempt to pilot it through an open window. If either the player or the audience deviates from this contract by treating the make-believe object as altogether real or altogether fantastic, the illusion is destroyed (22). Kris (17) also pointed out that art may contain many motifs: propagandist, religious, pedagogic, therapeutic, or erotic; but as soon as one of these becomes an end that transcends the sharing of the æsthetic illusion, the work loses its special artistic appeal and becomes a polemic, a treatise, or an aphrodisiac. In all these instances, the controlled illusion of the participants is dissipated by the transcendent purposes which aim ultimately to convince an audience that something is either real or fantastic but that it cannot be both. The far-reaching consequences for development that are inherent in the constant exposure to the process of controlled illusion constitute a problem that merits further attention.

Many authors agree that one of the essential precursors of artistic talent is a special sensory endowment which determines the perceptual organization of the individual and later becomes what Klein and his associates (6, 7, 24) have termed a *cognitive style*. This permits the handling of perceptual ambiguity from an optimal distance and with the necessary flexibility that is demanded by the process of controlled illusion. Greenacre (11) also alludes to this. One aspect of genius, she says, is 'an endowment<sup>2</sup> of greater than average sensitivity to sensory stimulation, with a consequent intensification of experience, and also a widening of it to include not only the primary object, but more peripheral objects related in some degree or fashion to the primary one'. She calls these *collective alternates*. Schachtel (25) also speaks of the primary significance of perceptual modes in the artistically gifted, arguing that creativity is best studied through perception theory rather than depth psychology. Gombrich (9), with the sophistication of both an art historian and a psychologist, discusses the artist's sensory equipment and its characteristics which overlap the observational aptitudes of the scientist.

<sup>2</sup> A biological core is implied by this term.



Before presenting case material, I should like to make clear that the phrase *character style* was introduced into the title of this paper to indicate that the concept of character is used here in one of its specialized meanings. The 'character of the artist' is likely to conjure up the image of a bearded Bohemian, while those for whom such a stereotype has been dispelled may strongly object to any attempt at categorization. This discussion is not directed toward the usual character nosology which follows psychopathological nomenclature, nor is it concerned with specific traits or colorful peculiarities of behavior which give distinctiveness to the individual. The term *character* is meant rather to convey the sense of an over-all expressive style (7, 24, 26) which determines, in ways that frequently can be predicted, how an individual will react to situations or cope with given tasks.

One stylistic feature of the gifted artist, which often seems externalized in eccentricities or deviations from group conventions and manners, is an unusual capacity to resist the influence of majority decisions on questions of value, particularly of æsthetic value. The deviations and eccentricities produced by this tendency probably result in those characteristics which Jacobson has called the *exceptions*. This is what the present study would describe as *character style* and one which has important roots in experiments with illusion.

The patient was a nineteen-year-old boy from a well-to-do middle-class family, in his second year of college. He was highly talented in the graphic arts. He began treatment with the statement that his problem was 'a question of values'. He no longer felt able to make decisions concerning what was important or unimportant, essential or irrelevant. He had become very tense with his parents and complained that they devalued what was important to him. His own devaluation of all that was important to them became apparent subsequently but did not seem to be a debatable issue for the patient. He wanted to leave college, live in Greenwich Village, and lead the Bohemian life he considered essential to artistic development. His parents

were alarmed by his friends, whose experimentations with narcotics and bizarre living arrangements they considered 'sick'. The patient, on the other hand, regarded his parents as 'squares', and he went to great pains to point out to them (and to me) that the nosology of psychopathology lends itself to misuse as a tyrannical method for imposing traditional values on those whose ideas and tastes one disapproves. He commented that Freud might become the theoretician of a new dictatorship of the Philistines. Not altogether sure of his own artistic talent despite the encouragement of some experts, he was quite willing to investigate his motives before following in the footsteps of van Gogh and Gauguin. Incidentally, he also decided, from some furtive observations of my taste in art, that I was not beyond intellectual and æsthetic salvation. He thought that his influence on me might be healthy for the development of psychoanalysis, and this was an added incentive for undertaking therapy.

Against his mother's desperate opposition, the patient had always expressed his individuality by wearing disreputable clothes and by neglecting to bathe and shave. In high school, he had won a scholarship prize which he refused to accept on the grounds that scholarship should be an end in itself; thus, scholarship and prizes were mutually exclusive. Only with difficulty had his teachers persuaded him to limit his action to returning the award and to refrain from enclosing a letter denouncing the Scholarship Prize Committee for attempting to corrupt his ideals.

Until the age of five, he had had a blanket fetish which he was finally induced to renounce 'of his own free will' after prolonged nagging by his mother. Voyeuristic activities at a bathing beach occurred between the ages of nine and twelve. On one occasion, he was caught and severely punished by a stranger who had found him peeping through the transom of a woman's dressing room. His parents had viewed such behavior with ambivalent tolerance. At fifteen, he began a polymorphous perverse relationship with a female classmate. This was discovered and

he was forced by his mother to renounce the association, again of his 'own free will'. Part of the pressure she exerted was the threat that continuing his activities might cause her to have a nervous breakdown. The renunciation was followed shortly by masturbation with the fetishistic use of pornographic pictures, a secret practice that he did not reveal in treatment for a long time. Subsequently, with even more embarrassment, he told of an obsessional symptom that had begun about the time he first came to see me. This was a fear that, while walking in the street, he would step into dog feces and then track them into my office.

I shall not try to give the patient's history in detail. At first, he was a rather shy, usually mild-mannered, unshaven, and unkempt young man who exuded a strong body odor from prolonged avoidance of soap and water. For a considerable time his sessions were characterized by stormy episodes. Although he had agreed to make no radical changes in his plans without first discussing them with me, this agreement seemed subject to change without notice on his part. Periodically, he would announce that on the following day he was resigning from college and moving into a loft studio in the Village. This was his preferred living environment since it would afford him contact with other artists and provide proximity to the Bowery where he could find his favorite subjects for sketching: derelicts, drunkards, and heroin addicts.

Two characteristic behavior patterns became evident in his sessions. In one mood, he would angrily denounce a person, usually his mother, or a social evil such as capital punishment or segregation. In these soliloquies, he would appear as the antagonist with the clear implication that the therapist was the protagonist in the debate. When it was suggested that he seemed to be contending with a straw man and that the debate might be internal, the patient would shift ground. The following session would generally be characterized by strange, pseudonaïve submissiveness, a caricature of free association, in which the confusion of syntax, the reversal of predicates and objects, and the



use of pronouns without clearly defined antecedents left the listener in a state of bewilderment. The obsession with dog feces persisted during these sessions.

Two discoveries helped prevent the impasse threatened by these seemingly impenetrable resistances. The first produced a fortuitous intervention. As I was deodorizing the office following one of his sessions, I realized that his fear of tracking in feces was no mere metaphor but a reference to an equivalent reality. Shortly afterward, I told him that I conceded no greater admiration for libertarian ideals than my own and would, if the occasion arose, seize a paintbrush and join him on the barricades to defend the right of every painter to mix his pigments according to his own conscience. However, I continued, in our group of two he was dictating æsthetic values for both of us when he came ragged and unwashed to his session. Granting his right to smell any way he wished in his own digs, I reserved the right to be the arbiter of olfactory style in my own establishment. The patient brightened up, applauded my sentiments, and talked calmly and coherently for the first time. He conceded that he had been losing respect for me because of my apparent indifference to the odor. Even he was finding himself disagreeable. He had only been waiting to learn which of us would break down first. Now he would be able to take a hot shower which he enjoyed very much and of which he had been depriving himself. It subsequently turned out that this solved not merely a conventional problem in setting limits for an overindulged child but also had an intrinsic side effect involving the integrity of perception. It should also be noted that, concurrent with his first bath, the fecal obsession disappeared.

The second discovery was that both these incomprehensible dialogue styles had their origin in doubts about some trivial detail of fact—for example, over the exact time of an appointment or the deadline for a term paper. Ordinarily, the facts in such instances were easily ascertainable. They had become ambiguous because of the patient's inattention.<sup>8</sup> His confusion

<sup>8</sup> Although this is a typical characteristic of obsessional neurotics, an additional contribution to this process is suggested in the present context.

was usually suppressed until a mounting tension, with increasing incoherence of speech and personal neglect, became familiar signals of this peculiar difficulty.

Some time after the beginning of therapy, on one occasion the hour of his regular appointment was changed for our mutual convenience. The previous time had been ten minutes after the hour in the morning; the new time was ten minutes before the hour in the afternoon. Owing to the exigencies of an analytic schedule, I was often somewhat late for the new appointment. One series of alternating debating and pseudoconfusional sessions could be correlated with the fact that on some occasions the patient arrived ten minutes before the stipulated time and on others ten minutes after. When kept waiting, he usually began the session by strongly espousing a new social issue which he had discovered in the newspaper. When he was late and found me waiting for him, his pseudo stupidity dominated the session. I finally asked him whether he was uncertain about the precise time that we had agreed upon. He shamefacedly admitted that this was the fact: he could not recall whether the time had been set for ten minutes before or ten minutes after the hour. Rather than set matters straight by asking me, he had tried to divine the answer by clocking the departure time of the previous patient. This proved to be an inconstant reference point and not amenable to any logical analysis. In his debating moods, he was allegorically asserting the correctness of his recollection, while in his pseudoconfusional state, he admitted the opposite possibility. It did not occur to him to ask for the information directly. On many other occasions, similar issues of fact were displaced onto questions of æsthetic value and social ethics. The patient also abjured dictionaries and encyclopedias.

His struggle over remaining in school had a similar background. Flights from scholarship were rebellions against required subjects such as languages or science. Courses in philosophy, creative writing, or the fine arts, on the other hand, gave him great pleasure, especially when the prevailing atmosphere was one in which generalization was encouraged and specific information was not essential. Although he contended

that he was opposed to required courses as a matter of principle, it became clear that he was afraid of being influenced by a conventional viewpoint and thus robbed of his originality. The struggle to assimilate factual information fatigued and discouraged him.

Several childhood memories elucidated the role of illusion in the problem. The following is prototypic and is chosen from among many because its banal content was at such variance with the affect engendered in the patient. A precocious child, he had learned to read at an early age. One day, when he was five or six, he called his mother to look at the page he was reading and asked her whether the printing did not seem brown in color. She replied that it might look brown because of the light, but that the printing was black. With mounting irritation, he forced her to look again, repeating that it was brown. Again she agreed that it looked brown but that it really was black. The nascent young painter was deeply offended by this interchange and had a tantrum. He recalls feeling thereafter that he could never again trust his mother's statements about facts.

His derision of his mother's power of observation continues to the present. The meaning of the whole episode, though quite obscure, was somewhat clarified with the aid of a dream. In the dream, he showed his mother a sepia print of a woodcut he had made. It was a figure of a Bowery character, entitled *Rosenbaum*. The dream had followed a session missed because he had failed to read the signs and got on the wrong subway train. It also followed a discussion of his avoidance of technical training because, he alleged, it would teach him representational skills which might interfere with his individual style—a style, incidentally, that covered his deficiencies in draftsmanship and limited his scope. 'Rosenbaum', he thought, might mean 'Rosen-the-bum'. This ambivalent disparagement was a punishment meted out to me for disillusioning him by having 'middle-class values' and for making him feel that his failure to take the correct subway train had 'psychological significance'. He said he does not like to show his art work to his mother because she commits the



unpardonable sin of finding a representational figure in an abstraction, assuming that this is what the artist intended. In the same way, he does not like to submit his 'disreputable' friends to parental scrutiny.

Now the childhood dispute with his mother became clearer. His mother's rejoinder concerning the illusion of the brown print revealed her enslavement to conventional ideas. He knew that, in typically unimaginative adult terms, she was trying to say that in ordinary light the type would appear black and that its apparent brown color was an illusion produced by the peculiarities of the refracted light in which it was being viewed. None of this language, of course, would have been natural for either of them. The child was trying to demonstrate to his mother a discovery in artistic illusion, one that had been made by many generations of painters before him. Since the print is seen only in one kind of reflected light or another, he was demanding to know how one could be certain that one shade was 'true' and the other 'illusory'. Could they not both be 'true' or both 'illusory' if one were free of any preconceptions? Little did he know that he was dealing with questions of local color and tonal gradations such as Constable had struggled with (9). Literal-minded, middle-class, practical mothers have long delegated such distinctions to designers and interior decorators.

At this point I feel we must refine the view that the character of the exception found so frequently in the talented artist comes mainly from feeling set apart by virtue of an asset. In much of a child's education, cognitive correctives for illusory percepts are inculcated to forewarn him against common sources of misconception. The greater the training in any profession or craft, the more a particular body of phenomena is divested of illusion by detailed and controlled inspection. Today there is increasing distrust of illusion and more specialization in various disciplines to keep the cognitive-perceptual field as free as possible of illusory experience.<sup>4</sup>

<sup>4</sup> Written records, laws, statutes, standards of weights and measures, etc., serve

Webster defines *illusion*, first, as an unreal or misleading percept presented to the senses . . . a state of being deceived, or a misconception. Secondly, it is defined as a perception which fails to give the true character of an object. 'Normal illusions' are thus contingent upon ordinary sense perception. It is in this latter sense, as well as in projected fantasy, that the process interests us especially.

Most persons are capable of so-called 'normal illusions'. As a prosaic example, when we look at a line drawing of a transparent cube in perspective on a plane surface, we are generally unaware that any active process is required to see the two-dimensional abstraction as a three-dimensional figure. Not everyone has the same ability to transpose this illusion. Many are defective in the capacity for controlled illusion and are unable to change the positions of the near and far surfaces of the transparent figure at will. This should be possible if the actual planar and illusory solid attributes of the figure can be simultaneously perceived.

Gombrich (9) gives an illuminating account of the nineteenth-century controversy over the role of sensory experience in art. The inductivist ideal, whose chief proponent was Ruskin, advocated a process of divesting the objects of the external world of all meaning so that they could be seen in their pristine state. This was the tradition of the so-called 'innocent eye'. Only by making every observation without expectations based on previous experience, Ruskin argued, would it be possible for the painter to see nature as it is seen by the untutored child, undistorted by subsequent sophistication. According to the opposite, deductivist approach, as maintained by Karl Popper, every observation is a question we ask of nature, and every question implies a tentative hypothesis. Popper thought that the descrip-

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a similar purpose. This selective abstention from the interpretation of phenomena outside the field of one's special competence does not exist for the artist. It may apply to the medium with which he decides to work, although there is a tendency to disregard the boundaries of the medium of a given art as well as the boundaries of the arts themselves.

tion of the way science works was eminently applicable to art. The formula of schema and correction illustrates the procedure. 'There is a starting point, a standard of comparison to begin the process of making and matching and remaking which finally becomes embodied in the finished artistic image.' Yet the ideals of the innocent eye and of deductive observation are not mutually exclusive. The temporary regression from a constricting preconception of apparently proven validity may allow new subtleties in the marginalia of sensory impressions to impinge upon the visual consciousness (3, 22, 23). Once this has been permitted, however, it may be necessary to revert to sophisticated perception in order to match the equivalent relationships of the attributes of objects (the normal illusions) by which we know the natural world.

The work of experimental psychologists in the field of perception has shown that neither the proponents of the innocent eye nor of the experienced eye can explain the variability of illusion. Perception cannot be separated from cognition nor vice versa. Each imposes itself on and is a necessary component of the other. In normal illusions of perspective, texture, solidity, and other formal aspects of the perceived image, cognitive expectation must be superimposed on the percept to make it complete. This cognitive expectation can be reversed or resuspended, so to speak, by a process of disengagement—a reversal of 'the willing suspension of disbelief'. This is a function of a *supraordinate* rather than of a *subordinate* cognitive process as conceived by the nineteenth-century proponents of the innocent eye. Oscar Wilde's epigram, 'There was no fog in London until Whistler painted it', had greater validity than he knew.

Ambiguous forms (6, 7, 22) allow the play of illusion more freely than discrete ones, by permitting a switching from one cognitive reading to another in a polyvalent figure. Gombrich (9) says that we will find it hard to describe and analyze this for, though we may be intellectually aware that any given experience must be illusory, strictly speaking, we cannot watch ourselves having an illusion.



The artist, whether he deals with color or form, linguistic metaphor or musical sound, must continually probe his perceptions, trying alternate interpretations of their ambiguities in the process of matching them within his working medium. The effect of this constant mental operation must have widespread effects upon other aspects of his functioning. One such area of displacement, perhaps better described as concomitant developmental effect, is found in superego functioning. Here the discrete cognitive interpretation of conventional mores and value systems is exchanged for an ambiguous treatment of them. It may be this aspect of the artist's psychic structure that produces the individual not bound by the rules, the character of the exception in his social relationships as described by Jacobson (16).

The other aspects of ego functioning in which one can observe the effects of attaching varying cognitive elements to the perception of objects in the play of illusion are the artist's self-representation, human object choices, and his problems of identity. I know of no statistical validation of the widespread impression that there is a higher incidence of overt homosexuality among the artistically talented than among the rest of the population. Certainly analytic experience would indicate that the ubiquitous unconscious bisexuality of all human beings is more frequently utilized and expressed by artists in creative work than by others (5, 10, 11, 17).

It has been stated frequently that the special character attributes of the artist allow the creative urge to be expressed against the restrictive anxieties inherent in the molding of media. The authors of another recent study of creative adolescents have stated this as follows: 'The creative person's resistance, in the face of opposition to his creative idea, is not the resistance to an id drive or its sublimation, but of the conviction of the truth of the idea, in the face of opposition, by shared autocentricity of conventional perception and thought' (8). This has become a standard notion of the personality of the potential innovator, especially in academic circles. Much has been made of it as an epic quality in the literary biographies of great men

of art and science. In this stereotype, as in any other, there is probably an oversimplification. Is there not rather a reciprocal relationship, one in which the character is determined by the capacity for controlled illusion and, in turn, influences and augments the capacity itself?

What are the steps by which the original sensory endowment of the gifted becomes translated into special superego and self-representative structures other than those familiar in ordinary human development? Kris has described one initial phase in his discussions of the Gifted Adolescent Project (17), namely, 'the crucial discovery' by the child that he has some faculty (i.e., his special sensory endowment) which neither his parents nor others in his environment possess. This is especially true of those children who have absolute pitch and show themselves musically gifted at an early age.<sup>5</sup> But there seems to be a second and more crucial stage in the childhood determinants of these attributes. This is the period in which playthings as 'transitional objects' assume a special role in ego development. Our clinical data suggest that children with unusual sensory endowment have a peculiar kind of relationship with playthings and that this, in turn, has an important effect on the development of the capacity for controlled illusion.

We are indebted to Winnicott (30) for calling our attention to the importance of playthings in the development of the intellectual life of the child. In spite of being discrete objects, playthings have sufficient ambiguity to serve a variety of illusory purposes as the content of the fantasy being enacted in play changes. Thus, a plaything, or 'transitional object' in Winnicott's terms, is one of the few objects in the individual's life which is 'unchallenged in respect to its belonging to inner or external (shared) reality'. It constitutes a great part of the infant's experience with the inanimate world. Winnicott suggests

<sup>5</sup> A patient with such a gift recalls lying awake at night as a child, listening restlessly to the whirr of an electric clock with a C-sharp pitch and the drone of a mosquito in E-flat. It was not the mosquito but the dissonance that he could not tolerate.

that throughout life this capacity for re-representing the malleable object in the excitement of play 'is retained in the intense experiencing that belongs to the arts and religion, to imaginative living, and to creative scientific work'. A plaything that changes its character from a valued possession to an obligatory companion is called an *infantile fetish* (cf. 20, 27, 31). This is an important feature of the childhood development of the patient just described.<sup>6</sup>

In two other gifted patients, reported in detail elsewhere (23, 24), we observed infantile fetishes that played crucial roles in their development. One such patient, seen at the age of twenty, confided in the first interview that since the age of two she had been sleeping constantly with a large Teddy bear, a gift from her father some time before his death. This girl, a lonely, highly gifted mathematician, remarked pathetically on one occasion: 'I live very happily alone, with my Teddy bear and with my problems in variables as real functions'. She was also greatly interested in the illusory aspects of experience.

I do not mean to suggest that it has been established that infantile fetishes are a regular part of the childhood experience of the artistically gifted. It seems likely, however, that in their childhood certain factors may shift the balance of forces which determine whether a plaything will be a valued or an obligatory possession. In the gifted child, experimentation with illusion may be one of the forces which have a determining effect and which shift the balance in the direction of fetishistic overvaluation of the transitional object. Nor do I wish to suggest that every child with an infantile fetish is destined, by virtue of this token, to become artistically successful. A closer inspection of the role of playthings in the development of gifted individuals, however, might indicate that they have greater developmental importance than has been assigned to them previously.

<sup>6</sup> The close connection between controlled illusion, play, and imagination should be emphasized at this point. A recent paper in *Science* (15) on the moon illusion describes it as an event in 'imaginary space' and the result of a conflict between perception and cognition.



One feature deserving special attention is the attitude of the environment to any demonstration of overinvestment in such objects. An overt or covert hostility toward the fetish on the part of the parent is quite common. This is often revealed by the compensatory devaluation of the fetish in an attempt to divest it of its illusory qualities and thereby loosen the child's attachment to it. The adult's rationalization for this may range from mere matters of housekeeping convenience to pseudosophisticated fears concerning the psychological consequences of such addictions. In this way the prized possession usually becomes ambivalently involved in a set of sharply contrasting value judgments.

In the patient previously described, the childhood relationship with his 'bah' (the blanket fetish) helped to elucidate many of the peculiar aspects of his choices and preferences and to clarify several obscure features of the transference. It explained the emphasis on the negative features of objects and activities that he prized and the need to find a parent surrogate so that the struggle of value judgments and the testing of illusion could be repeated. The patient's seemingly perverse preference for just those negative features that made the object disagreeable to the observer had its reflexive counterpart in the neglect of his personal appearance. The positive aspects of his relationship with the therapist had been paradoxically expressed by turning himself into a 'bah' so that he too would be retained as a prized possession. His choice of friends, his preference for derelicts as artistic subjects, and for girl friends of ill repute were all part of the same pattern. Mention of the anal background of such characterological traits and the metaphorical equivalence to the child's treatment of his fecal product is necessary only to forestall the objection that it was overlooked. It seems less illuminating in its contribution to an understanding of these object-relational patterns than the patient's struggle with his mother over the possession of his notorious 'bah'.

This struggle also apparently provides the prototypic object relationship for understanding other conflictual situations. The

'bah' (as the ultimate in prized inanimate possessions) is a polyvalent object. Like the Rorschach blot, a waterfall, or the flickering flames of the fireplace, it allows the fascinated gazer to play with illusions—that special conjunction of fantasy and perception which almost all human beings can appreciate. Aesthetic experience can be attached to formal notions of ugliness no less than to beauty. About half a century before Picasso and other experimenters in the aesthetics of deformity, an important philosopher named Humpty Dumpty made the following observations:

'I shouldn't know you again if we did meet', Humpty Dumpty replied, in a discontented tone, giving Alice one of his fingers to shake. 'You are so exactly like other people.'

'The face is what one generally goes by', Alice remarked in a thoughtful tone.

'That is just what I complain of', said Humpty Dumpty, 'your face is the same as everybody's. It has two eyes, a nose in the middle, and a mouth under it—it's always the same. Now, if you had the two eyes on the same side of the nose, for instance, or the mouth at the top, that would be some help.'

'It wouldn't look nice', Alice objected.

But Humpty Dumpty only closed his eyes and said, 'Wait till you've tried' (4).

When the 'bah' became a soiled, unpleasant, malodorous remnant as far as the mother was concerned, it still retained its softness of texture and acquiescent malleability of form for the patient. How better could one present one's case for the preservation of this memento than to condense the two aesthetic value judgments in typical primary process fashion? The idea might be paraphrased thus: my 'bah' is a magic possession; it is the touchstone of the omnipotence of fantasy; it can be all things to me—comfort for my lonely hours, an ally in my battles, and an enemy with which to contend when I am surfeited with allies. Beside, it is practical; it is a blanket for cold nights. My mother says that it is ugly, dirty, and smells bad. This only goes to show that what is ugly, dirty, and smells bad is what I want most in the world. Therefore it must be beautiful.

The neurotic counterpart of the innocent eye and the artist's need to probe his perceptual interpretations by remaining free of the 'brainwashing' potential of standardized representations is illustrated by a waggish canard which alleges that a recent Secretary of State had a sign made for his desk which read: 'Do not confuse me with facts; my mind is already made up'.

Another patient (24) treated in the Gifted Adolescent Project revealed both the assets and the liabilities of this mode of operation. A gifted musician and mathematician, his mathematical talents were characterized by a highly individual approach to the solution of problems. His aptitude was protected by a stubborn unwillingness to investigate any previous methods of solution until he was sure he had exhausted his own store of illuminations. He suffered from severe social inhibitions and sexual difficulties. Like the young artist, he was addicted to 'girlie magazines'. The patient also had gone through a childhood struggle with his mother over the relinquishment of an infantile fetish—a special pillow that was necessary to his falling asleep. In his current work he often used a 'pillow image' which was compressed or pushed into various shapes as a means of conceptualizing problems in the mathematical field of topology. This very quiet and unassuming young man also had an unusual capacity for making himself objectionable. He was careless with the possessions of others and had to be reminded to bathe and to change his clothes. In schedule or appointment conflicts with me, he never tried to ascertain the facts that might relate to problems of mutual convenience. Instead, he would act as if he were having an obsessional indecision over two choices that were his alone to make. Like the previous patient, he treated such conflicts as attempts to find an internal validity for an æsthetic preference rather than a practical compromise involving two people. The process followed the artistic pattern of maintaining an external ambiguity in order to foster the potential play of illusion.

The connection between fetishism and the problem of illusion is a complex and fascinating study in itself. Several au-



thors, notably Bak (2) and Greenacre (10), have indicated the relationship of adult fetishism to the maintenance of an illusion of a female phallus. Anthropologists have long considered the religious fetishes of primitive man as phylogenetic precursors of civilized art. A recent study by Muensterberger (19, 20) relates the anthropological data to artistic creativity. The magical fetishes of primitive man were greatly prized, often highly sculptured, and painted objects (19). The similarity in the way they are treated and in their ultimate purpose to the fetishes of childhood produces some stimulating conjectures. Muensterberger says, for example, that from 'the role given the fetish, or any other magically potent object in preliterate cultures, it is possible to surmise that these devices have the task of completing what otherwise would be impossible. They provide the means of *creating an illusion*, characterized not only by the wish for omnipotence but also the denial of dependence.' The same study points out what the adult fetishist (cf. 31) and the artist have in common. Muensterberger says that both are usually male and need an external object to sustain illusion, the one to retain genitality and the other to sustain a belief in his creative capacity.

The hypothesis concerning the role of illusion and the relationship of transitional objects to the development of the character style of artists would not be complete without also pointing out its antithesis. Two authors have written about 'doll phobias' in different contexts. The doll is undoubtedly a paradigm for a plaything with transitional object potentialities.<sup>6</sup> Although the childhood fetish is a well-observed clinical entity, childhood phobias that refer particularly to potentially fetishistic objects have not been classified, so far as I know, as an entity. Rangell (21) describes a male patient with a doll phobia. The phobia went beyond the specific object, however, and included 'any kind of three-dimensional figure, of dolls with which children play, of manikins, of window dummies, puppets, pieces of sculpture, of figurines, of an ash tray or lamp base

<sup>6</sup> Stevenson (27), however, would call it a 'secondary' transitional object.

that might be carved as a figure, etc.'—in fact anything that might produce an illusion, artistic or otherwise. Rangell's patient was not only fearful of illusion but was also a stickler for following the advice of authority and adhering to the letter, if not the spirit, of all advice given him. Stewart (28) also describes a doll phobia in a borderline patient whose clinical history shows that a tendency to conventionality and stereotyped ideas which interfered with the therapeutic alliance are implicit in the character of this patient. In both cases, apparently, the fear of the plaything is connected with its illusory possibilities and the disturbance of the patients' capacities for 'controlling' such illusions. An inhibition of imagination and originality, with a consequent dependence upon 'safe' external standards established by majority fiat, seems to be the characterological accompaniment of this symptom.<sup>7</sup>

### SUMMARY

The following statement may help to solidify some of the loosely coupled ideas that have gone before: a ubiquitous characteristic of artistically talented individuals, which may be more or less shared by others who are lacking in specific gifts, is a resistance to certain kinds of group judgments. This is largely in the area of values, particularly æsthetic values, where questions of illusion and the standardization of subjective choice and preference produce a special tension between the cognitive experience derived from cultural pressures and the perceptual experience of the individual. In resolving these problems, there is a spectrum of cognitive styles forming a continuum from the artist, who prefers to see polyvalent illusory possibilities in the phenomena that are at variance with conventional interpretations, to the literal-minded, practical 'realist'. The artist insists upon seeing conventional standards as the illusion of the majority. This characteristic also contributes to the quality of exceptional-

<sup>7</sup> Rangell's patient was a statistical analyst. A statistician, it should be noted, considers himself the great dispeller of illusion.

ism found in so many talented individuals. Though appearing to be based on principle, this may well be a rationalization that conceals its obligatory aspects. The stand against influence of conventional illusions often needs to be sustained by resistance to seeking or registering factual details of the environment.

I suggest that some roots of the obligatory behavior lie in initial constitutional differences which originate in particular kinds of sensitivity to perceptual stimuli. This propensity may develop further during early childhood when separation from the mother and attachments to playthings are paramount problems. Playthings tend to assume a particular importance for highly gifted children, and their value as illusion-sustaining external objects increases the likelihood that transitional objects will become infantile fetishes. This unusual attachment to certain playthings in turn influences many aspects of the parent-child relationship. It may also foster particularly early and sturdy defenses against parental influence in value judgments and, ultimately, similar resistance to cultural conformity. In its turn, this feature of the artistic predisposition becomes an asset for the implementation of creative talent as well as an element in the artist's object relations and internal conflicts. In its final outcome, such a chain of developmental events contributes both to the talented individual's success as an original artist and to his social liabilities as an exception.

More detailed observations of the relationship of children to their playthings in the transitional-object stage might be revealing, particularly if such studies were correlated with estimates of precocious perceptual development and capacities for controlled illusion. Predictive testing of such studies against future creative achievements of the individual, while posing a formidable research task, might reward us richly by increasing our understanding of this important aspect of psychic functioning.

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# THE ARTISTIC COMMUNICATION AND THE RECIPIENT

## 'DEATH IN VENICE' AS AN INTEGRAL PART OF A PSYCHOANALYSIS

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The role of a specific experience in crystallizing an integrative or disintegrative pattern of life has become a matter of increasing interest in psychoanalysis. This has been formalized in the concept of the 'identity crisis' (2). The following report of how a patient engaged in just such an experience after reading a story by Thomas Mann offers a rare opportunity to understand how a specific stimulus affected the organization of a patient's personality. Psychoanalysts have frequently investigated the relations between works of art and the personalities of their creators; but the present study proposes to reverse the process—that is, to examine the impact of a literary work upon its reader.

### INTRODUCTION

In 1911 Mann wrote a short, highly symbolic novel, *Death in Venice*.<sup>1</sup> Much has been written by literary critics and psychiatrists regarding the meaning of the story, which may be briefly summarized as follows.

Aschenbach, an aging and lonely but successful writer, who has just won a distinguished literary award, finds increasing difficulty in writing and goes to Venice in order to recoup his powers. Before and during his trip he encounters four men who resemble each other in certain details of feature and coloring. The first is a man suddenly seen, like an apparition, at a cemetery; the second, a senile, ridiculous man making overtures to boys on a boat; the third, a sinister looking gondolier; the fourth, a street clown who has the smell of death about him.

<sup>1</sup> Mann, Thomas: *Death in Venice*. In: *Stories of Three Decades*. Trans. by H. T. Lowe-Porter. New York: Alfred A. Knopf, 1948.



Aschenbach goes to the Lido where he develops a passionate attachment to a fourteen-year-old boy, Tadzio, a lad of uncommon grace and beauty who usually wears a white sailor suit and is the darling of his mother. He has three older sisters who are unattractive and unloved. Aschenbach watches the boy from a distance and is appalled by his uncontrollable yearning for him. He tries to leave the Lido, but is forced by his desire, against his better judgment, to return. He becomes aware that there is Asiatic cholera in Venice, but does not warn the boy's mother, speculating with some satisfaction that he appears delicate and probably will not live long in any case. As the intensity of his passion mounts, he is terrified to find himself pressing his head against the door of the boy's room. Finally, he has a nightmare which is of so much significance in the present context as to warrant being quoted in its entirety.

That night he had a fearful dream—if dream be the right word for a mental and physical experience which did indeed befall him in deep sleep, as a thing quite apart and real to his senses, yet without his seeing himself as present in it. Rather its theater seemed to be his own soul, and the events burst in from outside, violently overcoming the profound resistance of his spirit; passed him through and left him, left the whole cultural structure of a lifetime trampled on, ravaged, and destroyed.

The beginning was fear; fear and desire, with a shuddering curiosity. Night reigned, and his senses were on the alert; he heard loud, confused noises from far away, clamor and hubbub. There was a rattling, a crashing, a low dull thunder; shrill halloos and a kind of howl with a long-drawn u-sound at the end. And with all these, dominating them all, flute notes of the cruelest sweetness, deep and cooing, keeping shamelessly on until the listener felt his very entrails bewitched. He heard a voice, naming, though darkly, that which was to come: 'The stranger god!' A glow lighted up the surrounding mist and by it he recognized a mountain scene like that about his country home. From the wooded heights, from among the tree trunks and crumbling moss-covered rocks, a troop came tumbling and

raging down, a whirling rout of men and animals, and overflowed the hillside with flames and human forms, with clamor and the reeling dance. The females stumbled over the long, hairy pelts that dangled from their girdles; with heads flung back they uttered loud hoarse cries and shook their tambourines high in air; brandished naked daggers or torches vomiting trails of sparks. They shrieked, holding their breasts in both hands; and hairy males, girt about the loins with hides, drooped heads and lifted arms and thighs in unison, as they beat on brazen vessels that gave out droning thunder, or thumped madly on drums. There were troops of beardless youths armed with garlanded staves; these ran after goats and thrust their staves against the creatures' flanks, then clung to the plunging horns and let themselves be borne off with triumphant shouts. And one and all the mad rout yelled that cry, composed of soft consonants with a long-drawn u-sound at the end, so sweet and wild it was together, and like nothing ever heard before! It would ring through the air like the bellow of a challenging stag, and be given back many-tongued; or they would use it to goad each other on to dance with wild excess of tossing limbs—they never let it die. But the deep, beguiling notes of the flute wove in and out and over all. Beguiling too it was to him who struggled in the grip of these sights and sounds, shamelessly awaiting the coming feast and the uttermost surrender. He trembled, he shrank, his will was steadfast to preserve and uphold his own god against this stranger who was his sworn enemy to dignity and self-control. But the mountain wall took up the noise and howling and gave it back manifold; it rose high, swelled to a madness that carried him away. His senses reeled in the steam of panting bodies, the acrid stench from the goats, the odor as of stagnant waters—and another, too familiar smell—of wounds, uncleanness, and disease. His heart throbbed to the drums, his brain reeled, a blind rage seized him, a whirling lust, he craved with all his soul to join the ring that formed about the obscene symbol of the godhead, which they were unveiling and elevating, monstrous and wooden, while from full throats they yelled their rallying cry. Foam dripped from their lips, they drove each other on with lewd gesturings and beckoning hands. They laughed, they howled, they thrust their pointed staves into each

other's flesh and licked the blood as it ran down. But now the dreamer was in them and of them, the stranger god was his own. Yes, it was he who was flinging himself upon the animals, who bit and tore and swallowed smoking gobbets of flesh—while on the trampled moss there now began the rites in honor of the god, an orgy of promiscuous embraces—and in his very soul he tasted the bestial degradation of his fall.

The unhappy man woke from this dream shattered, unhinged, powerless in the demon's grip. He no longer avoided men's eyes nor cared whether he exposed himself to suspicions. And anyhow, people were leaving; many of the bathing cabins stood empty, there were many vacant places in the dining room, scarcely any foreigners were seen in the streets. The truth seemed to have leaked out; despite all efforts to the contrary, panic was in the air.

Shortly after this on a day when Aschenbach has become hot and exhausted in an attempt to follow Tadzio, he eats some overripe strawberries infected with cholera. In the end he dies, sitting watching Tadzio, who ' . . . moving into the open sea, waves his hand as if to invite him outward into an immensity of richest expectation'.

### THE BASIS FOR DISINTEGRATION

Robert, my patient, was a Jew in his early twenties who became depressed and anxious about what he described as homosexuality when he finished college and was about to leave home for graduate school to study history. He had been a capable student and been graduated with honors, but was not considered unusually creative. He was rather a practical man with a clear way of thinking and speaking and a pleasant manner in dealing with people. In his senior year, he participated in campus affairs, and was generally regarded as one of the most 'stable' and 'normal' of students. Upon graduation, he found himself weeping frequently and on occasion driving a car at ninety miles an hour. After some abortive attempts he could not bring himself to date girls again, and despaired of being able to marry and have a family. He became increasingly interested in boys, es-



pecially in blond Christian boys. Sailors in white suits attracted him particularly. His sexual life consisted of masturbation with fantasies of 'concurrent mutual fellatio' with these blond males. Sometimes the fantasies included violent wrestling; at other times he imagined burying his face in a man's chest.

Robert was the son of storekeepers in a working-class neighborhood. His father he characterized as easy going; he had surrendered control of his business and household to his active and energetic wife although he had successfully managed a large business before his marriage. He was, however, given to periods of silent rage frightening to the patient. The paternal grandmother had had a long depressive illness before her death. Robert recalled being in the same house with her early in his life and later accompanying his parents while they visited her in a psychiatric institution. The patient's mother was a tense, controlling, and combative woman who achieved her ends in the family by means of physical complaints and the arousal of guilt. Her family had been close-knit and through the years she insisted that her husband and sons accompany her on endless family visits. She wanted to be important in her family by the intellectual achievements of her sons, and she was glad that the patient had chosen graduate school and an academic life rather than a career in business. She had been very fond of her sister's handsome blond son who had lived with her from time to time before the patient's birth.

Robert was the second of three children. The first, a male, died in infancy. Robert's delivery was said to have been very difficult, and his mother did not suckle him, presumably because of an illness she did not care to discuss. He was told that he had always been hungry, and that his mother and two aunts who lived nearby fed him eagerly. All his life he was too fat. He grew to be a short, pudgy child with bright, brown eyes and dark hair, and a sensitive face with a sweet smile. He could have been good-looking but obesity blurred his features, and lack of exercise prevented his developing a manly figure and bodily grace. Needless to say, he was always preoccupied with food.

His early childhood was anxious and troubled and Robert recalled waking from nightmares and seeking his parents' bed. One repetitive nightmare concerned a frightening man. He screamed when left at nursery school and kindergarten, and later vomited each morning when he had to go to school. When he was three years old, his parents bought a store to which they went each day, returning at dinnertime. After school he was always taken to the home of a maternal aunt whom he remembers as a possessive and overindulgent person with whom he felt uncomfortable. Whenever the patient refused to do as his mother wished, she threatened to leave him. He controlled his parents by temper tantrums. They frequently tried to appease him by gifts, and he demanded and received more and more elaborate ones as he grew older, always feeling that they meant little because they were given in appeasement. Such was the beautiful strawberry shortcake brought home by his father when his mother was in the hospital bearing the patient's baby brother. Robert ignored the cake, believing that his father had bought it only on instructions from his guilty mother.

At the age of five, Robert had to have his foot placed in a cast for two years to correct a malformation. He was forced into inactivity at a time when his friends were becoming interested in ball games and other active sports, and he never developed similar interests nor did he share his father's liking for baseball. During this period he established many feminine identifications. He recalls imitating the women of the family to the extent of sweeping and dusting and playing with his mother's old pocketbook. Later, he secretly kept it in his desk drawer until he was eleven. During his early years Robert developed a serious, overly adult manner, fantasizing that he and his mother were actually the adults in the family. It was also during this time that he began to play the role of detached, intellectual observer. His pseudomaturity was accompanied, however, by an inability to live away from home; this persisted and was one of his complaints when he entered treatment.

As for childhood playmates, Robert vaguely recalled that his most constant companion was a little blond boy who wore white sailor suits. He used to let this boy beat him up, because of his fear that fighting would cause him to injure the child. However, upon the encouragement of a kindly (maternal) grandfather, he learned to fight with the boy. His only recollection of childhood sex play was of mutual explorations with a little girl during which he discovered that she had no penis. He recalled feeling disappointed, and in his anger he threw a stone at her which nearly injured her eye and left a permanent scar on her face.

When Robert was seven years old the family moved to an apartment above their store in a Christian working-class neighborhood. Robert was instructed not to associate with the neighborhood boys. He was isolated, for his parents were preoccupied with the store and a new baby. He was given a dog, but the animal died after eating rat poison in the basement of the store. Parental pressure to succeed in school left Robert little time for sports or social activities. His mother finally arranged for the son of one of her friends to play with Robert, and the two boys spent much time together for the next eight years. According to Robert, the friend, Jerry, was a child whom most people would have recognized as 'queer', even at that age. The patient felt trapped in this relationship, but his mother insisted that he maintain it. From the age of twelve the two boys engaged in mutual masturbation and fellatio. This occurred regularly on Saturday nights, when the patient's parents went out and he was left alone in the house with Jerry. As they grew older and began to go with girls, they would get together to satisfy themselves sexually after their dates. They did not like each other; in fact there was a considerable degree of mutual hostility. Robert felt he could find no way out of this morbid relationship in his early adolescence. However, when he entered high school his world changed. He found that he was well received by the other boys and was invited to join a fraternity. He dropped his homosexual friend in his seventeenth year.



In college Robert became closely associated with another Jewish boy. The two spent hours together listening to music and discussing cultural and intellectual interests. Michael shared the patient's preoccupation with homosexuality and his enthusiasm for various male crushes and 'muscle magazines'. They were both intensely interested in food, and every Saturday night when they 'went out to eat', the choice of restaurant was a matter of great moment.

The end of college found the patient an obese, sedentary, dependent, passive, young man. He was controlled by, and controlling of, his mother, and he made heavy demands on both his parents for support, regardless of their resources. He was disparaging toward his father and hostile toward his athletic, rebellious, blond brother. He was unable to leave his family or his close friend. He lived in a tiny, circumscribed world of his books and records, and his thinking and imagination were accordingly limited.

During the last few months at college, Robert was required to write a paper on a contemporary story of his choice. He selected Thomas Mann's *Death in Venice* and became intensely interested in it. Looking back several months later, he recalled that he had been struck by the similarities between Aschenbach and himself, for Aschenbach was an overly serious, intellectual man with little capacity to love, and, like him, Aschenbach was attracted to a golden-haired boy. In both this patient and Aschenbach, the suppressed emotion threatened to build up to the point of breakdown of personality. Robert became seriously concerned about himself as he read of Aschenbach's disintegration and final capitulation to the plague. Heretofore he had regarded his homosexuality as something he would outgrow, and he even let himself speculate on the possibility that homosexuality was a superior way of life, stupidly criticized by an ignorant and uncomprehending world. The story raised serious doubts in his mind.

### THE BEGINNINGS OF REINTEGRATION

This case was characterized by a striking growth and movement

during the first year of treatment. By the end of the year, the patient had begun to support himself, had declared his independence from his mother, successfully managed the family business during a severe illness of his father, and like a father had helped his younger brother, whose active, fighting personality he had come to respect. He had so far separated himself from his friend that he began to associate with fellow graduate students, and he and Michael were beginning to indulge in heterosexual fantasies and to date girls. He adhered carefully to a diet to correct his obesity. The depression and anxiety for which he had sought treatment were no longer critical, although much still remained to be done in therapy. These changes came about in connection with profound shifts in the patient's concept of the members of his family, including himself, and in the context of the transference relationship.

The changes in the patient were closely interwoven, in his associations, with the themes of *Death in Venice*. The subject of the story first came up several weeks after treatment had begun, in the following setting. The patient had come to the analyst saying that he wanted treatment very much and that of course his father would pay for it. When it became clear that it was unrealistic to expect his father to pay the full fee, the patient assumed that the analyst would reduce the fee. He seemed helpless and quietly expectant. When the fee was not reduced, the young man readily secured a summer job, and later a fellowship to a nearby graduate school, and thereafter paid his bills promptly. It was when he first paid a bill, partly out of his own earnings, that the story of *Death in Venice* came up. In presenting the money he announced, 'Well, that's that, we'll talk no more about money'. The therapist responded to the finality of this statement by commenting that much that is important in relations with people is expressed in terms of money and that probably we would hear more about it. The patient responded with the following associations.

I have mixed feelings about building up a bank balance, only to see it diminish suddenly when I pay my analytic bill. There

is something satisfying about building the account up to a peak, paying it out, and then building it up again. It reminds me of my mother's enjoyment of spending a whole day in the kitchen cooking, only to have the food vanish in a half hour at dinner-time. It reminds me of sexual orgasm—money, food, and sex, these are things most people seem to think about. In literature food and sex are particularly connected, and frequently a big meal is followed by sexual activity. Thomas Wolfe wrote three novels in which pages were devoted to eating. Death and sex are also frequently connected in literature. In Elizabethan poetry 'to die' means to reach a climax. In Elizabethan poetry the idea seems to be that real union between people is possible only after death, and sexual union is only an approximation of what happens after death. For John Donne, the effect of love is dying, the effect of an orgasm is self-annihilation—consciousness is annihilated. Whenever Shakespeare uses the word 'to die' it has a sexual meaning. Browning wrote about a lover who at the moment of orgasm strangles his sweetheart to preserve that moment of ecstasy. . . .

Here the patient told the story of *Death in Venice* eloquently, commenting, 'It re-enforced what I said about food . . . oh, by the way—the boy wears a sailor suit, and the red buttons on his suit are strawberry colored, his lips are strawberry colored, and later Aschenbach died after eating rotten strawberries. The story describes the decadent, rotting process in Aschenbach's mind. The death figure whom he meets in a mausoleum in the beginning of the story has eyes which are strawberry colored . . . the figure is the personification of death and plague . . . the plague parallels the degradation and demoralization of the writer and finally he dies . . . it is the surrender to attraction which kills Aschenbach.'

Thus the patient communicated to the analyst his own sense of imminent danger. He felt that the story, *Death in Venice*, was the thing that precipitated him into treatment. 'It was as if I looked in the mirror, and suddenly saw myself.' The patient proceeded to touch on aspects of the story linked by chains of association with conscious and unconscious complexes of ideas



of his own. For example, the poisoned strawberries were related to his recollection of the unwelcome strawberry shortcake given him by his father, and also to the recollection of his poisoned dog. In Robert's dreams, the father sold poisoned meat. The giant phallus of Aschenbach's dream proved to be related to his previously repressed recollection of a large iron replica of a penis kept by his father in the drawer of a kitchen table where the father carved meat for the family. An important part of the youth's improvement during this phase of his analysis had to do with becoming aware of a repressed childhood terror of the presumably weak and helpless father.

His old preoccupation with homosexuality recurred persistently, intertwined with his transference experience and with themes from *Death in Venice*. He presented homosexuality as his major problem. He spoke of it in an abstract way, discussed books on the subject, and coolly analyzed the problem of his friend Michael who, he said, remained interested in boys in order to avoid adult responsibilities. He depicted the analyst as opposed to his even looking at boys and when he found himself interested in a boy he felt guilty in relation to the analyst. On occasions when he went to a restaurant where he and Michael sat and admired a handsome waiter, he became panicky and imagined that he saw the analyst's car in the parking lot. During holidays from analysis he would become angry with the analyst and retaliate by picking up a sailor at the bus station, although he never did more than drive the lad home. When he became envious of the analyst's other patients, or angry because he failed in some way to get preferential treatment, he moaned that he was afflicted with an incurable disorder, homosexuality. He expected for himself the disintegration suffered by the serious, intellectual Aschenbach. In this connection he began to notice the intellectual way in which he approached his treatment. With the help of the analyst he recognized that he was 'explicating' his dreams in the literary manner, instead of freely associating to them. 'I can't do a thing with that', he would exclaim in disgust when he failed

to produce a coherent, intellectual interpretation of one of his dreams.

All this was a prelude to revealing the major theme of the golden-haired boys which occupied the patient's waking and sleeping thoughts during the first year of his treatment. Previously his fantasies had involved nameless, faceless males with no hint of individual personality or of any personal relationship with them on his part. A favorite fantasy was that of a procession of indistinguishable males who filed past him as he performed fellatio on each of them in turn. This constituted his only fantasy of relations with other persons except for the scenes of violent wrestling he occasionally reported. Gradually he centered upon certain specific young men each of whom at times became a female figure, usually the analyst, in his dreams.

When treatment was resumed after the summer holiday several months after the analysis began, the patient had become interested in a movie and television actor whom he affectionately called 'Tadzio', emulating the 'Tadzio' of Thomas Mann. This blond young man, who frequently wore white suits and was adored by females, became the patient's chief pre-occupation for some time. However, his interest was now of a much more personal and tender nature than he had previously experienced. In his fantasies they lived together. The patient took care of the house while the actor went to work, assuring the patient that he left only because of his Hollywood obligations, and that he really loved only the patient. When he was ill the patient cared for him tenderly. In his fantasies of love-making the patient was the active one, holding him in his arms, kissing his face and head, and telling him that he loved him. The patient commented, 'Since . . . has taken over my fantasies I don't look at other boys—this business is different from anything I've ever experienced. It's the first time the word *love* has ever entered into anything! It's ludicrous, I'm in love with a blond . . . boy!' All other boys faded into the background. Soon Robert became aware that the actor and the analyst were closely associated

fantasy objects. In a dream the actor suddenly became a golden-haired girl. After an interruption in the analysis due to the analyst's absence, he dreamed that he met the actor at the airport and took him home. He put his arms around him and clung to him begging 'please don't leave me again'. He expressed despair and frustration over his inability to get immediate satisfaction of his need for the actor. Later he vividly experienced fear of being left by the analyst. One day when there was a delay in the arrival of the analyst, the patient became acutely anxious, with profuse sweating.

After a few months the television actor in the fantasy was discarded in favor of a very masculine blond undergraduate, a football player whom the patient saw frequently. The young athlete represented many things to the patient. Sometimes he was the attractive male the patient wished to be, sometimes his mother, brother, or father, and most often the analyst. In one dream a group of psychiatrists were sitting in a semicircle in the analyst's office. The young football player, Dick, sat in the analyst's seat and the patient stood aside watching the doctors being attracted to Dick. Robert gloated because they not only did not have him but could not even admit their feelings of desire for him. In another dream, the patient was in the store, where a girl was seated at the cash register (his mother's usual position, in fact, and the place to which he frequently relegated the analyst in his dreams). He and the girl went for a ride and the girl told him a story, then currently circulating, to the effect that men newly selected for the Cabinet of the United States got their positions by having their wives 'blow' the President. (The patient had already dreamed that his father was President.) At this point the girl changed to a boy, the patient 'blew' him, and the dream ended.<sup>2</sup>

During this period the patient became increasingly preoc-

<sup>2</sup> Later, during a period when the patient was experiencing disappointment and dissatisfaction with the analyst, he expressed his feeling that he would get better and faster treatment with her husband, and had a dream in which the stairs of the analyst's house became the steps of the Capitol in Washington down which the analyst's husband descended.



cupied with his oral cravings. He found himself going to sleep each night with a fantasy of fellatio which he described as feeling like a baby being rocked to sleep by a mother. He thought a great deal about his compulsive eating, recognizing his use of it as a means of relieving tension, and he became aware of the significance of his calling attractive boys 'yummy'. The 'looking at boys', which had occupied his time for so long, he conceptualized as 'devouring them with his eyes'. Dick and the analyst appeared more and more in his dreams as interchangeable figures and he became aware that his laments about not getting what he wanted from Dick also applied to the analyst. Characteristically, this became especially apparent when he did not get a desired reduction of his fee. There was much conflict as to who had more to give, men or women. He was inclined to think it was men, and that women merely demanded. The struggle between Dick and the analyst was epitomized in the following dream.

You were seated at the wheel of a car. I came over to drive but you told me to take the seat next to you. As I walked around the car to take the seat I was startled to see that it was no longer you but Dick. I said: 'You're not supposed to be you, you're supposed to be Dr. N'. He asked indignantly, 'Who is Dr. N? You're supposed to be at home with me!'. Repeatedly, in his dreams, a blond young man appeared and stopped him just as he was approaching a female.

In time, his interest in females increased and competitiveness with other males began to appear, if only in an embryonic fashion. In one dream, the patient was allowed to wait in the analyst's waiting room while a throng of her other patients were outside. The analyst was in her office with her husband. In a small room between the office and waiting room, a baby was crying. As the analyst dismissed her husband and invited the patient in, the baby stopped crying. Later there was a dream in which the patient was a strong young man, and his father was old and impotent. Soon Robert's heterosexual interests inten-

sified. He began dating a former girl friend of Michael's, to the latter's chagrin. After this the patient began to have frankly sexual dreams and fantasies about the analyst. He became preoccupied with the theme of Tea and Sympathy, in which an older woman attempts to help a young man by having sexual relations with him. He had a dream in which the analyst sat beside him on the couch in her office, younger than she really was, wearing a loose gown and with long, flowing hair. She informed the patient that she would be taking a longer vacation than usual this year because she was going to have a baby. The implication was that the baby was his.

Around this time several events played a part in the course of analysis. The patient's father had a sudden and unexpected stroke with hemiparesis. Upon recovery he developed a psychotic depression, during which he became extremely demanding and dependent, particularly in relation to the patient, making suicidal gestures. Robert helped to send him to a psychiatric hospital for several months. He then with alacrity took over his father's job in the store. During this time Robert dealt effectively with his mother's dominating behavior. Soon he began to realize that the withdrawn life of historical research was his mother's choice, not his own. However he had discovered that he had a talent for teaching and liked it. By vacation time he had obtained an advanced degree and had secured a full-time position as an instructor of undergraduates. He could now fully support himself and looked forward to having an apartment of his own. The blond boys were fading from the picture, and the patient began to be a person who felt and lived, instead of a withdrawn intellectual living a life of fantasy only.

As might be expected, in situations of special stress, such as periods of separation from the analyst, his old conflicts about sexuality recurred. The boy who occupied his dreams and fantasies now was one of his young students, toward whom the patient felt not only a sexual interest but a genuine concern for his welfare. A number of dreams about babies led the

patient to consciousness of a wish to have a son. This, together with increasingly persistent dreams of females, forced him to awareness of growing heterosexuality. In his attempt to deny this it became clear to him that he saw accepting heterosexuality as succumbing to the analyst, and of course ultimately to his mother. Beside struggling with his desire to use homosexuality as a means of resistance and revenge, he had to establish a new identity for himself. 'You see', he explained, 'for so long I've thought of myself as a fellow who likes boys, I can't quite imagine being anything else'.

With the increase in heterosexual interest, the golden-haired boy took on a new character and became a threatening figure. On one occasion, while sitting at a moving picture the patient became anxious while watching a handsome boy on the screen. Just then a blond sailor brushed past him and the patient became acutely panicky, rushing down to the lobby where, to his consternation, he encountered a handsome boy whom he knew at the university. 'These boys made me think of the men Aschenbach kept meeting, the death-figure', the patient explained. Robert then recalled that his sexual fantasies about boys developed in adolescence as a direct transition from a tremendous preoccupation with such powerful and threatening men as Stalin and Hitler, which had filled his preadolescent years. Immediately after this recollection, he had a terrifying dream in which he and his mother collaborated in the murder of his father, ingeniously arranging to have a gun mounted in the wall of the store go off as the father opened the cash register.

Stimulated by disappointments and frustrations experienced in the transference, the patient continued to have many dreams and recollections regarding beatings and coercion which he experienced at the hands of both parents at an early age, and also regarding his own aggressive feelings and behavior toward others. These were frequently accompanied by clear evidence of release of long-standing sexual inhibitions (such as having a 'wet dream' for the first time), decrease of sexual interest in boys, and increasing heterosexual preoccupation, foreshadowing



the development of satisfying heterosexual activity which actually began a year later.<sup>3</sup> The patient became more mature and assertive in his dealings with his male colleagues and superiors. His new male ideal now became a twenty-nine-year-old Christian fellow member of the faculty who had a good relation with his wife and children, and who combined lively intellectual interests with a love of sports and camping. This man and the patient became good friends. There were few references to golden-haired boys and, at this point in the analysis, the central role of Mann's story as a developmental theme seemed to have been exhausted.

### DISCUSSION

Death in Venice appears to have crystallized for this patient the sense of danger that he felt as time and the events of life swept him irrevocably beyond the strength of his available resources. As so often happens in the face of impending breakdown of unsatisfactory defenses and the dissolution of outworn object relationships, powerful impulses in favor of new identity-formation began to emerge. As they did so, the story revealed his conflicts more intensely to the patient, who sought a resolution of them in psychoanalysis. The forces that threatened him were, of course, already in operation long before he happened upon the story.

His life history contains much that is familiar to psychoanalysts. He had been an overprotected youngster whose mother had been unable to nurse him. Nevertheless, she placed much stress on feeding him, possibly because a primitive concept of object relations made her regard feeding, without freedom to develop, as all she could give him in the way of love. He grew up needing her yet full of hostile wishes which made it impossible for him to separate from her. His relation to his father was disruptive since his father was like a son to his wife and dealt with his son as a feared rival. His father's in-

<sup>3</sup> Four years after the beginning of treatment the patient had married and was working successfully and creatively in his chosen field.

ability to express resentment openly may have contributed to a tense, frightening situation made all the more severe by the patient's desire to have the mother to himself. As a result, this patient was unable to resolve the oedipal situation. Not only did he identify himself with his mother, but his identifications with his father were distorted—for the patient had identified himself with the childlike, dependent, passive aspect of his father's personality, as well as with the competent, responsible man. Thus the patient's adoption of feminine attitudes coalesced from several directions, his identifications with his mother, his identifications with the more passive aspects of his father, and, in a negative sense, the dread of choosing his mother as a love object and the need to defend against it. This led the patient to be ready for the adolescent homosexual relationship, which offered gratification for his oral as well as his passive feminine needs. He thus found himself at an impasse upon graduation from college, when the necessity for leaving home, establishing heterosexual relations, and assuming an adult role in life became urgent.

Implicit in the writings of psychoanalysts regarding aesthetics in general and literature in particular is the assumption that a work of art in some way, no matter how remotely, represents a piece of the psychic life of the creator, and that the unconscious and the conscious mind of the artist, as well as that of the reader, is involved. Kris states: '... the study of art is part of the study of communication. There is a sender, there are receivers, and there is a message' (9, p. 16). 'The message is an invitation to common experience in the mind, to an experience of a specific nature' (p. 39). Greenacre demonstrates how the Mann story may have stirred our young scholar when she writes: 'Art generally touches the feeling-imagery rather than the rational somewhat detached intellectual thought of others. It clarifies by stimulating a unique set of feeling responses in each of its recipients, whether or not there is much conscious intellectual content resulting. Each artistic product is the delivery into an externalized and communicable form of an

economically organized piece of the artist's total interaction with the world around him. In doing this, the creative artist expresses more than he is aware that he knows' (6, p. 73). Interestingly enough, Greenacre quotes Mann in support of this.

With this in mind, we turn to the message of *Death in Venice*. Discussion of the role of this story in a psychoanalytic framework must of necessity include the considerations of Heinz Kohut (8). In his paper an attempt was made to correlate biographical data in the life of Thomas Mann with this short novel. The author considers the influence of unconscious guilt and, possibly, the role of early sexual stimulation in Mann's life as sources for the development of his artistic personality. The disintegration of Aschenbach's creativity is seen as a return of unsublimated libido under the influence of aging, loneliness, and guilt over success. Kohut draws the conclusion that Mann displaced his personal conflict onto Aschenbach and by so doing was able to safeguard his own artistic creativity. It is the author's basic assumption that regression mobilized Aschenbach's oedipal conflict and that the death theme represents Aschenbach's (Mann's) longing for reunion with his mother. The four men encountered by Aschenbach whom literary commentators assume to be messengers of impending death are seen by Kohut as '... manifestations of endopsychic forces, projected by Aschenbach as the repression barrier is beginning to crumble. The four men are thus the ego's projected recognition of the breakthrough of ancient guilt and fear, magically perceived as the threatening father figure returning from the grave . . .' (8, p. 220). The father theme, according to Kohut, is dealt with by splitting the ambivalently revered and despised figure and isolating the opposing feelings. The bad father is embodied in the four men, but Aschenbach identified himself with the good father, giving Tadzio the love he wished he had received from his father. Inevitably he becomes envious of the boy, and this is the basis for his destructive impulses toward Tadzio expressed in the story. However the basic hostility is directed toward the



bad father. This, according to Kohut, is the meaning of the dream in which the father—the foreign god of the barbarians, the obscene symbol of sexuality, the totem animal—is killed and devoured. By the talion law of the archaic ego, Aschenbach also has to die.

In discussing the conflicts of Mann as they were displaced upon Aschenbach, Kohut leans heavily on the dream of the pagan orgy. He interprets it as evidence for experience of a primal scene and for homosexual cravings. He envisions the child as observer of the primal scene, not yet threatened by traumatic overstimulation, passivity, and fear of mutilation. Later, in the face of overwhelming dread, the child returns to the role of the emotionally uninvolved observer, and further elaborations of this defense make for development of creative sublimation. Another contingency suggested by Kohut as alternative to, and mutually exclusive with, artistic creativity is the state of unsublimated homosexual striving.

The preœdipal aspects of the problem, which will serve as the basis for the further discussion here, were briefly developed by Kohut. He recognized the strongly repressed trend toward union with the mother with, of course, its regressive identificatory nature. For the most part, however, he looks upon the themes of death and sexual frustration as punishments stemming from Aschenbach's desire for œdipal union with the mother. Thus at the end of the story when Tadzio is beckoning Aschenbach into the sea, the picture is presented not only of the symbolic identity of death and the sea but also of the connection between the boy, Tadzio, and the 'sea-death-mother motif'. The regressive aspects of the reunion with the mother as preœdipal and very primitive dynamisms, little influenced by relatively advanced functions of superego development such as guilt, are not gone into by Kohut but become matters of importance in the case under discussion here.

The use of death as a symbol for the mother is beautifully depicted by Freud in *The Theme of the Three Caskets* where he describes the repetitive theme of myth and story, in which a

young man gains a beloved woman by choosing a leaden casket, the symbol of death. (My patient had kept his 'muscle magazines' in a locked metal file.) Freud believed that this represented a wish-fulfilling replacement of the theme of death by the theme of love. In discussing the choice between the three sisters in the King Lear story, he makes a comment which is particularly relevant: 'We might argue that what is represented here are the three inevitable relations that a man has with a woman—the woman who bears him, the woman who is his mate, and the woman who destroys him; or that they are the three forms taken by the mother in the course of man's life — the mother herself, the beloved one who is chosen after her pattern, and lastly the Mother Earth who receives him once more. But it is in vain that an old man yearns for the love of woman as he had it first from his mother; the third of the Fates alone, the silent Goddess of Death, will take him into her arms' (3, p. 301).

Freud describes the long-standing connection in the minds of mankind between death and mother, and he refers to a number of female goddesses of death in mythology. For example, the Moerae (the three spinners) are watchers over man's inevitable fate, and the name of one of them, Atropos, means the inevitable: death. Aphrodite, the Goddess of Love, has been conjured up by man by a process of reaction-formation, but she really represents the Goddess of Death. 'Nor was this substitution in any way technically difficult: it was prepared for by an ancient ambivalence . . .' (3, p. 299).

It is a curious fact that, although Freud assumes a female identity for death, mythology contains many references to sleep and death as male figures. The *Iliad* (7) refers to Hypnos, God of Sleep, and Thanatos, God of Death. They are sons of Night and they dwell in subterranean darkness along with their brothers, the Dreams. Hypnos brings pleasant dreams to mortals, Thanatos closes the eyes of men forever. References to them appear in The *Aeneid* (15) and in Ovid's *Metamorphoses* (14). Classical illustrations depict these twins as handsome, nude, winged, blond, young men. That this theme is by no means

confined to the literature of the ancients is demonstrated by a curiously powerful, avant-garde play by Edward Albee. In this play, *The Sand Box*, a grandmother sitting on the beach with her family gradually covers herself with sand, while a good-looking young man in swimming trunks does calisthenics nearby, and the play makes it clear that the central theme is the death of the old woman. The calisthenics are to suggest the beating and fluttering of wings, and the young man is the *Angel of Death* (1, p. 144).

One wonders what it means that death has been thus given a male and a female form in story and mythology. If we knew the answer to this we might better understand why the blond boy changed his sexual identity so often in our patient's fantasies. And since it has often been observed that a piece of literature owes its power to its re-creation of mythology (4), which is believed by many to be the prototype of human experience, perhaps *Death in Venice* owes much of its power to its foundation in mythology. Could it be that Thomas Mann quite knowingly created in Tazio a counterpart of one of these ancient mythological figures, and could our patient unwittingly have re-created in his blond boys a storied figure out of the distant past of man?

The theme of death and reunion with the mother correlates with the primitive phenomenon of introjection and throws light on the patient's preoccupation with food. It represented a lifelong characterological means of allaying his anxiety and of establishing a union with the mother. That this young man should have come to treatment in a depressed state is consistent with his substantial fixation at the oral level. It is of some interest in this regard that both his father and paternal grandmother had depressive illnesses of psychotic proportions. One is reminded of Lewin's 'oral triad' which he describes as characteristic of states of elation—the wish to eat, the wish to be devoured, and the wish to sleep (12). How often these themes of love, food, and death occur, not only in literature, but in psychoanalysis! And over and over again there are references

to regressed forms of relation to the mother. This theme was employed by Mann, since Aschenbach's death itself was brought about by eating contaminated strawberries—which perhaps symbolize nipples.

The themes of sex, food, and death are also inextricably bound together in this patient. His dreams repeatedly revealed the connections in his mind between his longing for the blond boys and his longing for the original nursing situation, as well as his longing for and fear of the father. His initial comment, by means of which he first introduced his interest in *Death in Venice* and called attention to the close interrelationships of love, food, and death, foretold the importance of these themes throughout his analysis. The relation between sex and food has of course been well known in psychoanalysis since Freud introduced the concept of psychosexual stages of development. A fixation at the oral stage such as this patient exhibited implies failure to develop adequate object relations, and it appears that his preoccupation with feeding, blond boys, and death represented his relation with a symbolic mother at a regressed level.

Finally, an additional major theme deserves consideration, that of the patient's aggressive impulses, brought out most clearly in his fantasies of violent (and often murderous) struggles with his fantasied boys. It would be a mistake to regard the imaginary boys only as objects of the patient's love. Kris (9, p. 76), in speaking of Pygmalion, who fell in love with the statue he created, reminds us that such substitutions may take place not only on the basis of love, but also under the primacy of aggression, and that the created image may be an object of punishment and destruction. Such destruction of an image represents image magic, which is characteristic of illiterate societies, of children, and of states in which affects—particularly anxiety—predominate. It is characteristic of inadequately developed or lessened ego control. The consideration of these concepts helps to bring into focus the degree of regression or lessening of ego control in this patient during the first part of his treatment.

Returning to the impact of *Death in Venice* on the psycho-



analysis of this patient, it is interesting to examine it as an interaction involving three persons: the artist who created the story with its message, the patient who received the message, and the analyst, who received the communications of the artist and the patient and played an important part in the regressive and reintegrative process undergone by the patient. Some consideration has already been given to the effect of the story on the patient in our discussion of the threat he experienced when he identified himself with Aschenbach.<sup>4</sup> However, this identification was by no means perceived solely as a threat. For the first time the patient perceived, however dimly, that another human being had experienced conflicts similar to his. This experience relieved guilt and stimulated the upsurge of feelings which he could not have permitted himself in relation to his own conflicts. Freud and many others after him (notably Kris) describe the reintegrative effect of this kind of outlet of dammed up feelings, since it enables the ego to re-establish control. Thus an increased sense of self played a part in this patient's seeking treatment.

It is a matter of considerable importance that the full effect of the story was not experienced at once. There was a lapse of time. This evidenced by the fact that, although the patient wrote his paper in the spring and began treatment in July, the story was not mentioned in the analysis until September after a certain significant interaction with the analyst described above. It was several weeks after this latter event that the fantasies of the golden-haired boys began to make their appearance. In considering what might have been going on between the patient's first acquaintance with the story and its later effects, we must take note of some remarks of Kris regarding the response

<sup>4</sup> One wonders if the patient's sense of danger as well as his identification with the decaying Aschenbach was related to his identification with his father, whose physical and mental breakdown occurred not long after treatment began, and possibly had been impending for some time. The weakening of the father made the patient feel relatively stronger and gave him the courage to go ahead with some important unfinished business—namely, bringing his oedipal conflicts to a more successful resolution than he had in the past.

to an artist from his public. '... There is first the simplest and most unambiguous stage, which may be called recognition. The subject matter is found to be familiar and is brought in relation to a memory trace. There is secondly a stage in which some experience of the perceived and recognized subject becomes part of the spectator. ... We change imperceptibly from identification with the model into the stage in which we imitate the strokes and lines with which it was produced. To some extent we have changed roles. We started out as part of the world which the artist created. We end as co-creators' (9, pp. 54-56).

The recollections and dreams which emerged during this analytic process indicate some of the memory traces to which *Death in Venice* was related. As the patient's fantasy life was further stimulated by the analytic process, he began to use imaginary figures based in part on the Tadzio theme. It is interesting at this point to draw certain comparisons between Mann and our patient. Both sought an audience and a resolution to a problem, but each did it in his own way. Each made extensive use of preconscious as well as conscious processes in his efforts, bringing a rich supply of fantasies to the task. In writing *Death in Venice*, Thomas Mann of course used fantasy figures, not only as libidinal objects (as in the case of Tadzio) but as objects onto which he could project his own struggles through those of Aschenbach. One feels that this was not so much a use of fantasy figures for the specific purpose of resolving a conflict as it was the direct expression of unresolved conflicts in artistic form. According to Kohut, however, this also served a defensive purpose for Mann, aiding in the preservation of his ego at a time of stress in his life. Whether or not Thomas Mann could have safeguarded his ego by displacing his conflict on Aschenbach is a question that deserves careful scrutiny. A number of writers (5, 9, 11) have called attention to our imperfect knowledge of the process of artistic sublimation, and recently Kubie has questioned whether we are justified in using the term at all (10).

For the patient, as opposed to Mann, the chief purpose of his fantasies on entering treatment was the attempted resolution of conflict. His fantasy figures were objects of love and hate, and his preoccupation with them was clearly symptomatic of his difficulties. Robert's fantasy objects became less fantastic and more real as treatment progressed, changing from a procession of nameless, faceless males, to a remote moving picture star, to an athletic student whom the patient saw in his daily life, and later to a young student of his with whom he had a satisfying, constructive relationship. All these individuals represented persons whom he had known closely in his growing up. Also, as treatment progressed, they represented the analyst and became an important part of the patient's developing capacity for more realistic and mature object relationships.

The analyst's participation in this relationship was based upon her concept of the patient as an able, growing person who needed help in maturing, and upon her refusal to share his defensive view of 'homosexuality' as his basic problem. Characteristic of her activity throughout the treatment was a firm refusal to control, indulge, or infantilize the patient, prompt attention to his hostility and revenge toward her (frequently expressed in terms of seeking solace in men), recognition of loving impulses toward her, and a growing understanding of his loneliness, hunger, and fear. The analyst moreover listened with great interest and understanding to the many references to literature and drama by means of which the patient communicated his dilemma.

Concomitant with these activities, the analyst carried out her traditional role in the psychoanalytic process by which a patient is enabled to release repressed thoughts and feelings and to reconstruct his earlier life experience. In this respect, the analysis may be said to have potentiated the effect of *Death in Venice* on the patient. Beyond this, the analyst aided in the correction of transference distortions and served as an object for the development of new object relations. In particular, her participation in certain integrative reactions was crucial to

renewal of the patient's arrested ego development (13). This participation by the analyst was sometimes an activity, at other times a controlled refraining from action. A good example of this is the incident described above in which the patient attempted to force the analyst to subsidize his treatment, without verbally asking it, and the analyst advisedly did not respond to this mute appeal. In this response, the analyst expressed her confidence in the patient, her concept of his role in society, and her intention to contribute nothing to his overdependency. This eventually precipitated the entry of the story, *Death in Venice*, into the analysis. It is my belief that much of what is essential in psychoanalytic psychotherapy results from this kind of interaction and that, when properly timed, it can initiate a restitutive process in the patient that enables him to make significant strides in treatment. Our patient was able to do this when he could say, 'You know, it's a funny thing, I find that whenever I get mad at you, I think about the boys'.

### SUMMARY

A young graduate student found himself unprepared for adult life because of fixation at the oral level of personality development, causing inability to leave his mother and symptoms of depression and homosexuality. A chance acquaintance with the novel, *Death in Venice*, led him to see himself more clearly, and served both as a threatening and a reassuring experience, with the result that he was able to enter analytic treatment. It appears that during this process threads of the story were associated with memory traces from the patient's past. Then he, as it were, in the company of the author, was able to re-create and re-experience figures from his own past with emotional intensity. Under the influence of the transference, these figures merged and blended with that of the analyst and gradually developed into realistic objects. It appears that reading the story and undergoing analysis worked together to advance the patient's hitherto arrested ego development through induced regression, with ego



disintegration and reintegration, and subsequent development of more mature object relationships.

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# THE FEAR OF BEING SMOTHERED

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## I

In comparison with other anxieties the unconscious fear of being smothered has not received the attention it deserves and yet its manifestations are many and varied. It is a theme, however, to which Lewin often returns, especially in his 1952 paper (17) where he applies the principles of dream interpretation to the analysis of the phobias.<sup>1</sup> In this communication it will be discussed as it appeared in two patients: in the conversion symptoms of one and the phobias of the other.

The structure of dreams and neurotic symptoms was stressed early in psychoanalysis and particularly in Freud's 1909 paper (11), as Lewin points out and concludes that a comparison of the conversion symptom and the dream might be useful. In considering the fear of being smothered as it is expressed in dreams one is led, inevitably, to consider the nightmare. The hallucinatory re-enactment of the primitive experience of being smothered distinguishes the nightmare from every other kind of anxiety dream.

Jones (15), to whom we owe most of our knowledge of the nightmare, attached the utmost importance to understanding this phenomenon of the dream world. Since his massive researches into the subject other contributions have been incidental, as, for example, some of the comments on the dream screen. One reason for the apparent reticence on the subject is to be found in the fact which he emphasizes: 'True Nightmare is beyond doubt much rarer than the more complex forms of *Angst* dreams' (p. 52). He goes on to say that the notion that it is common 'is obviously based on an unduly wide conception of Nightmare'.

In discussing the pathology of the nightmare Jones asserts

<sup>1</sup> This paper contains a comprehensive bibliography. Since that date there have been a few more references and their contributions will be noted.

that the central feature 'is the sense of stifling oppression on the chest as of an overpowering weight that impedes the respiration to the extreme limits of endurance' (p. 21). He stresses that there are various types of *Angst* dreams but that they differ from the true nightmare in 'not having the sense of direct physical oppression' (p. 52). It is, then, the sense of oppressive weight and the consequent feeling of suffocation that gives the classic nightmare its quintessential quality and establishes it as a distinct species within the broad genus of anxiety dreams.

In his first chapter where he discusses the pathology of the nightmare Jones amasses a quantity of valuable evidence from informants from differing countries and centuries, many of whom had been 'self-sufferers'. What is impressive about this testimony is its unanimity and its ring of clinical veracity.

A nineteenth-century German writes: 'If the interference with the breathing increases to the point of suffocation, felt in the waking state as a great difficulty in drawing breath, then there comes about the greatly dreaded Nightmare'. An eighteenth-century Englishman speaks of a 'difficult respiration, a violent oppression of the breast'. A Frenchman gives this factual account: '*Au milieu du sommeil, le dormeur est pris tout à coup d'un profond malaise, il se sent suffoqué, il fait de vains efforts pour inspirer largement l'air qui lui manque, et il semble que tout son appareil respiratoire soit frappé d'immobilité. . . . La sensation la plus habituelle, est celle d'un corps lourd qui comprime le creux épigastrique.*'

'At any hour of the night', a German testifies, 'the dreamer feels either suddenly or gradually, that his respiration is impeded. Some kind of Being, most often a shaggy animal, or else a hideous human form presses on the sleeper's breast, or pinions his throat and tries to strangle him. The terror increases with the suffocation, every effort at defense is impossible, since all his limbs are paralyzed as though by magical power.' This writer concludes: 'These are in short the signs of Nightmare: invariable symptoms are the suffocation and the dread accompanying this, the sensation of a heavy body on the breast and

the impossibility of offering any defense or of making any sort of movement'.

There is much more in the same vein. Jones discriminates three characteristics of the nightmare: first, inexpressible dread; second, the stifling oppression of overwhelming weight; third, complete powerlessness amounting to paralysis. His thesis, which he presents at the end of his chapter on the pathology of the nightmare, is: 'An attack of the Nightmare is an expression of a mental conflict over an incestuous desire' (p. 44). The remainder of the book is devoted to an elaboration of his thesis.

It must be borne in mind that the writing of this book preceded Freud's publication of *Totem and Taboo* which in some ways it resembles. That is to say it was written over half a century ago when, against the backdrop of history, psychoanalysis was a mere stripling among the sciences. Jones revised and published it in its present form in 1931. In that same year Freud reported his discovery of the preœdipal phase and he described his 'surprise' as comparable in another field with the effect of the discovery of the Minoan-Mycenaean civilization behind that of Greece (10, p. 254). Following the genetic principle of interpretation it should be emphasized that the discovery of an earlier origin does not invalidate that which comes later, but rather gives it a deeper significance. And the same principle applies in placing the origin of the nightmare in a preœdipal setting. It is, however, a cardinal principle of interpretation, as Brunswick warns us, that 'the phenomena of this early phase must be described in their own terms and not in the terms of the œdipus complex' (3, p. 297). Thus, it was a common superstition that those who slept on their backs invited the nightmare for, it was said, 'an old woman rides and sits so hard on them, that they are almost stifled for want of breath'. In addition to the sexual interpretation that Jones puts on this, one would also add that the supine position renders the sleeper more liable to be smothered. For it matters little from the 'viewpoint' of the sufferer whether the two rounded orbs be buttocks or breasts: the end result is suffocation.



## II

The sonnet by Erasmus Darwin with which Jones prefaces his work and which in turn is a commentary on Füessli's painting, *The Nightmare*, which forms the frontispiece of his book, ends with a couplet that makes a fitting comment on both the symptoms and dreams of the following patient:

While with quick sighs and suffocative breath  
Her interrupted heart-pulse swims in death.

A man in his early thirties presented two symptoms: severe asthmatic attacks from which he would wake in the night with a panic fear of being unable to breathe and consequently of dying; and secondly, a skin complaint that was limited to the backs of the hands and wrists, his cheeks and neck. Both symptoms had existed since childhood. He had consulted many specialists concerning the second symptom but was no wiser and no better.

The most striking feature of the early part of his analysis was the entire absence of dreams. If there were psychological elements in his asthmatic attacks, then one might ask why the underlying anxiety could not find a normal expression in dreams. Was the attack, with its abrupt panic awakening, a crude way of warding off an anxiety dream? The first weeks of his treatment were much concerned with this particular resistance: his inability to dream and his voyeuristic inhibitions. No reference was made to his symptoms.

The surmise was justified, for he produced a series of dreams with a common theme. They were devoid of elaboration, primitive as those of a child, and accompanied by naked fear. In the first he was watching his mother walking a tightrope at a great height. She slipped and fell on him. He was unable to breathe because of the mass of flesh that weighed upon him. He awakened in terror, gasping for breath. Then followed dreams in which he awakened on the brink of being drowned. Most important was a dream in which he was being smothered by an enormous breast. All these dreams resembled the asthmatic

attack in that there was a sudden awakening and a panic gasping for breath. For the patient the immediate gain was the quick cessation of his asthma. An anxiety-producing symptom had been supplanted by an anxiety-producing dream. The analyst was saved the hazardous task of trying to decipher an inarticulate piece of mime, an imageless dramatization of a nameless dread which was not even being enacted in his presence. The evidence of the dreams was incontestable: the asthmatic attack was the dramatizing of the experience of being smothered by the enormous body and breast of his mother.

To call these dreams anxiety dreams would be vague and imprecise, since they had the characteristics of the classic nightmare. The ineffable dread of the nightmare is concerned with one thing: being suffocated, smothered, stifled. To paraphrase the definition of the Oxford English Dictionary, the name was first applied to a female monster that settled on the sleeper and produced suffocation. It was then used to describe the feelings of suffocation and the accompanying distress: 'a nightmare experience'. In the sixteenth century the word was applied to the type of dream that produced these sensations.

The patient provided further evidence as to the origin of his fear of suffocation. He had married a widow with two children. Shortly after the beginning of his analysis the third child was born. It was a matter of prime importance to him that his European wife should breast-feed his child, which she did despite professional opposition. Whenever possible he was present at feeding times. But he noticed that he behaved like a fussy nurse. He required constant assurance that the baby was getting enough air. He would press back the breast from the infant's nostrils if he thought there were the slightest possibility of suffocation. He also gave up smoking at this time and persuaded his wife to do the same, thus ensuring that the supply of air should be as unpolluted as possible. Perhaps the fact that his wife was breast-feeding the child may have touched off his fear of being smothered at the breast. But at least his identification with the infant at the breast was plain enough.

His conspicuous skin complaint would flare up for no

apparent reason and at such times he was highly irritable. It was soon evident that this symptom, too, was unconsciously self-produced in order to demonstrate what he had suffered at the hands of the figure who had oppressed him in his dreams. The image of her that he had preserved and which, as he later conceded, did not altogether coincide with reality, was of an oversolicitous, fussy, and doting mother. If one were to believe this ironic New Englander, 'love' was everywhere. It was inescapable, something apparently one had to live with like the invisible fallout in the atmosphere. He was in fact a self-constituted victim of 'smother-love'.

But where the mother's solicitude bore most heavily upon him was on the subject of clothes. They seemed to be the subject of an eternal battle, not something to wear but to argue about. She was most concerned that he had 'enough on'. He accused her of 'bundling' him in clothes so that he could hardly breathe. He recalled the physical struggles that took place as he was being prepared to meet the rigors of the New England winters and his furious accusations that he was being 'stified' by the heat, no doubt self-generated. But the gravamen of his indictment was that she had 'muffled him in wool'—woolen gloves over his hands and wrists and irritating wool about his head which, if he were to be believed, made life unendurable. Thus the rash on the backs of his hands and wrists, his face, and his neck constituted his 'stigmata'. They were a memorial and a reminder of what he had suffered at the hands of a female oppressor who had so unwarrantably interfered with the rights and privileges of the subject.<sup>2</sup>

Such was the origin of the symptom. But in the analytic setting it was not difficult to see that the skin became 'inflamed'

<sup>2</sup> What Freud says of little girls applies also to boys when he speaks of the germ of paranoia and the anxiety connected with it: 'It would seem plausible to conjecture that this anxiety corresponds to the hostility which the child develops toward her mother because of the manifold restrictions . . . of training and physical care and that the immaturity of the child's psychical organization favors the mechanism of projection' (10, pp. 254-255). To some extent all the disciplines are felt by the child as infringements.

and 'angry' in any emotional situation that reminded him, however indirectly, of being stifled, the commonest being in connection with his work. He was second-in-command of a department of an international company. He had more than the necessary competence to do his job. But there were times when he would behave as if he were passively overwhelmed by the weight of his tasks. The job was 'on top of him'. It was 'getting him down'. He would feel fatigued. The smallest chore would become a burden. He would think of the bronze statue of Atlas in Rockefeller Center supporting on his bowed shoulders and bent knees all the problems of the world: what if those mighty knees gave way?

The person who was responsible for these impositions was his superior officer, though in reality they were of his own contriving, as he ultimately had to admit. As he verbalized this pseudoparanoid attitude toward the man above him, and also toward those unseen and inscrutable powers that dwelt in the Head Office, the skin complaint disappeared. The metaphorical language in which he couched his grievances added up to this picture: a large pile of problems and somewhere beneath them an organization man, crushed, unable to breathe.

One other symptom was connected with his unconscious fantasy of being smothered and also provided a curious commentary on Lewin's body-phallus equation: he was invariably impotent when he 'wore' a condom.

The value of the evidence provided by this patient lay not so much in the fact that he tells us by whom he was smothered—for mankind seems to have had an inkling as to who this female monster was—but that he tells us by what means: an amorphous mass of flesh.

In one other instance the evidence was unequivocal. A man in his forties was a vigorous but needless nose blower. He was always expelling an imaginary obstruction from his nostrils. He observed this of himself: going to the bedroom he found his wife asleep and stooping to kiss her breast was immediately aware of the imaginary obstruction and a fleeting feeling of



suffocation. This patient had attempted suicide by suffocation from the exhaust fumes of his car some years prior to analysis.

The evidence, therefore, would point to the conclusion that the origin of the fear of being smothered as it was expressed in the nightmare or the patient's conversion symptom is to be found in the nursing situation.<sup>3</sup>

A most important confirmation has been supplied by Kubie (16, pp. 179-180) in which he reports a patient's recurring dream of childhood. According to the patient, 'it is hard to describe, because it was almost pure emotion'. It was 'the worst nightmare of his childhood; it was like drowning, always accompanied by fear and horror, so that he had an absolute terror' of it.

The dream was of something pure white, like an endless wall that you don't see—perhaps as though your eyes were closed and you just felt it, or just knew it was there without any senses; almost like gazing through a window into a milky substance, or you were pressed up so close to the wall that it was all-enveloping and endless and you were both in it and part of it and at the same time against it.

Kubie then reports on a set of escape dreams which are preceded by a flash of the nightmare. At this point he inserts this clinical observation: 'In one such flight dream during the analysis, the flight was definitely observed to be a current reaction to the fact that his sister was nursing her baby'.

Here we have the constitutive elements that go to make up the classic nightmare: elemental, inarticulate dread, the sense of all-enveloping oppression, and the feeling of suffocation: 'it

<sup>3</sup> Lewin, following Fenichel and Oberndorf, interprets the difficulty of breathing 'as repetitions of the feeling of being smothered when a baby's nose is pushed into the breast. More generally, it repeats the difficulty a baby has in managing its breath while nursing' (18, p. 107).

Cf. also Heilbrunn's report of his nightmare (14, p. 200) and the comments by Garma (12, pp. 369-382).

Azima and Wittkower, discussing the case of a nightmare, comment: 'The patient here experienced what appears to be the infantile fear of being smothered by the mother's breast. . . . The small infant, especially if close to the "huge" breasts, cannot encompass visually the whole mother' (1, p. 197).

was like drowning'. But most important is the statement that the flight from the nightmare occurred at a time when his sister was 'nursing her baby'.

Another feature of the nightmare that all Jones's informants emphasize is the feeling of utter powerlessness. This could be explained by two facts: first, that at this early stage of development the baby is literally helpless and its motor coördination feeble; and second, that the immensity of the oppressing weight has its origin not in reality but rather in the unconscious image of the body.

There is still the question of why this patient expressed a primordial fear in a conversion symptom rather than in a dream, for the dream has a beneficent aspect: it does not harm the dreamer. As the nightmare is by definition a re-enactment of the primitive experience of being smothered it has this much in common with the conversion symptom: it is nonverbal. As an informant put it, 'the person has the consciousness of an utter inability to express his horrors by cries'. He 'feels as if pent alive in his coffin', says another. All one is capable of are 'obscure moans forced with difficulty and pain from the stifled penetralia of his bosom' (15, p. 23). If the hypothesis advanced here is correct as to the origin of the smothering experience, then one can add that it is nonverbal because it originates in a period of development that is preverbal and which Ferenczi (7, p. 222) called 'hallucinatory'; that is, disagreeable affects can only be discharged by crying and uncoördinated movements.

Further, at this early stage the development of the sense of reality is imperfect. This would account for another feature of the nightmare, that while it expresses unutterable dread it is itself the object of dread. These 'self-sufferers' state that they would stay up night after night following an attack of the nightmare. Another used to sleep in his chair. From one's own observations one could add that insomnia is equally effective. It is this hallucinatory effect that convinces the dreamer that the experience has been real 'unless', says another, 'he could have had the evidence of other persons to the contrary who were

present and awake at the same time'. Parents can testify to this hallucinatory effect only too well for unless the young dreamer can be kept awake for some time he will sink back into the nightmare. The parental assurance that it is 'only a dream' is from one point of view the most important fact about the experience and far from being banal is an affirmation of one of the functions of the ego, to distinguish between fantasy and reality—the prime function, one should add: for if the ego lacks this, of what use are the others?

Finally, the dream is self-produced. So is the neurotic symptom. The patient will accept the first truth but can reject the second. Even when he intellectually accepts it, he will inveigh against the symptom in the belief that if he were rid of it, all would be well with him, overlooking the fact that in the politics of the unconscious the symptom maintains a powerful lobby backed by strong vested interests whose only intent is to preserve the status quo. Mankind has always believed consciously or unconsciously that illness is a 'visitation', implying that the suffering has been inflicted by some outside power and carrying with it the notion of retributive punishment. Unconsciously the patient can carry on this tradition in relationship to the neurotic symptom: hence his reluctance to acknowledge that the neurotic symptom, as the dream, is unconsciously self-produced.

### III

Fenichel saw a connection between the fear of suffocation and the claustrophobic fears of those who are afraid of 'trains, boats, and planes where there is no possibility of escape'. His explanation: 'the excitement is projected onto the vehicle that precipitated the excitement' (5, p. 203).

A competent woman of forty presented symptoms of this type: a sudden impulse to rush out of a bus as the doors were about to close, a similar impulse to rush out of church, and a paralyzing fear of tunnels. The evidence she supplied neither confirmed nor denied Fenichel's statement, but the symptoms disappeared as her fear of being smothered was analyzed in

connection with other phobias.<sup>4</sup> There was, however, a hint of it in the reasons she gave for seeking treatment at this particular time. This active and ambitious woman was already in retreat before her symptoms, allowing them to encroach on her activities and to impoverish her social life. She was taking long and circuitous journeys in order to avoid going through the tunnel—and here the nature of her fear was only thinly disguised. Thus she had already begun to envisage a time when, as she put it, she would be ‘pinned into a corner’ by the relentless advance of her fears. Above all the fear of death had begun to absorb her which, as a religious woman, she found embarrassing to confess and also inconsistent with reality, for she had acquitted herself with bravery when actually faced with death during the London bombings.

As to whether or not one can fear death in the abstract can be the subject of prolonged, casuistic debate. But it is a common observation that those who preoccupy themselves with it do so only because the word is an abstraction and therefore a synonym for vague, undefined calamities which may some day overtake them. It is a five-letter word but within it can be included an anthology of hypochondriacal fears. The sufferers are virtuosi in the art of administering psychic pain in small but measured doses.

So with this patient, but once one used the present tense of the verb ‘to die’, the true nature of her fear could be seen. The mental picture she conjured up was of the body shut in the coffin, with no possibility of escape, the earth being heaped upon it, and eventually its being devoured by worms. Lewin has emphasized the kinship between the idea of being smothered and of being eaten; it is ‘the thought of what happens *after* falling asleep, after death, or after being buried’ (17, p. 305). In other instances it was clear that the fear of dying was one of being buried alive, suffocated, and eaten.

<sup>4</sup> In discussing primordial fears Bergler has frequently referred to the ‘fear of being choked’. He cites two derivatives of it, fear of confined places as in claustrophobia and, he adds, ‘contributaries are visible in the psychological aspects of asthma’ (2, p. 36). Whether one is ‘choked’ or smothered is merely a difference of wording. Therefore, the two cases here cited would confirm his assertion.



One might speculate on a number of things. The particular attraction of the Christian religion, and what in fact enabled it to triumph over the 'pagan creeds' of the classical world, was its assurance that the believer will survive the experience; in so doing it uses the exact words of this primitive dread. In the English Book of Common Prayer the burial service opens with these words: 'though after my skin worms destroy this body, yet in my flesh shall I see God'.<sup>5</sup> Hence, such high importance is attached to Easter Day when, the believer is assured, 'this corruptible shall put on incorruption'. Further, one should consider the scrupulous care that is taken even by those who are 'not believers over-much' that their children be baptized, for it is stated in the burial service: 'Here is to be noted that the Office is not to be used for any that die unbaptized or excommunicated'. Also, one might speculate on the marked aversion to cremation that existed among Jews and early Christians, and which still exists to some extent. This could be connected with the notion that it might preclude a resurrection of the body. It may also have too close a resemblance to the process of being cooked and eaten. One has only to recall the childhood fantasies of patients in which they identified with that which was being prepared, placed in an oven—i.e., smothered, cooked, and eaten. There is a well-known maxim of country people: 'never make a pet of that which you intend to eat'. Such a fantasy was present in one patient renowned for his ability as a fly-fisherman, his secret being that he could 'think like a fish'. Having caught his trout he could not bear to see it cooked, still less bring himself to eat it. This man had left a direction in his will that on his death his body be cremated and his ashes strewn on a certain pool of his favorite trout stream to provide, presumably, food for the fish in assimilable, if not 'instant' form.<sup>6</sup>

<sup>5</sup> This is not to suggest that this is the only element in the universal fear of dying. Jones's concept of *aphanisis* may also play its part.

<sup>6</sup> Man's capacity to identify with a fish is elaborated in this sonnet by Spenser where he describes the fate of those who have been hooked by a beautiful woman:

The phobic fears of the patient began at a specific date in her life history, some twelve years prior to her treatment. She and a small party of friends had gone out in a motor launch to watch the liner *Queen Mary* enter Southampton Water. As the liner drew nearer they lined up on one side of the launch to get a better view; she rushed to the other side in panic to counterbalance the weight of the others. The importance of the incident lies not merely in the obvious content of the fear of drowning, but in the unforgettable impression she had of the liner's towering immensity as viewed, not from the quay-side, but from a small craft at water level.

This sense of immeasurable disparity of size was evident in her social activities where she was afflicted by a sense of inferiority based on a feeling of physical smallness in relation to those about her. But the size of the image depended entirely on the social status of the other guests. The higher up they were in the social hierarchy the smaller she felt, and she never felt so small in her life as when she attended a garden party where a member of the royal family was present. She had to control an impulse to flee in panic from the press of the crowd. But the body image of her smallness affected her only when she was a guest. When she was in the active role of hostess she retained a proper sense of perspective.

This irrational fear of being overpowered by something larger than herself determined her sleeping position in bed, which was as far from the middle as possible. Even when she had occasionally slept with her young daughter she still kept well to the edge of the bed. This unconscious fear of being 'overlaid' originated, not surprisingly, in her childhood dread

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Whom, being caught, she kills with pride,  
And feeds at leisure on the wretched prey.

Yet even whilst her bloody hands them slay,  
Her eyes look lovely, and upon them smile,  
That they take pleasure in their cruel play,  
And, dying, do themselves of pain beguile.  
O mighty charm! which makes men love their bane,  
And think they die with pleasure, live with pain.

of sleeping with her mother who, she now recalled, weighed over two hundred and twenty pounds. It is not perhaps irrelevant that her younger sister had asthma.

Nevertheless, it was not the actual size of the liner nor of her mother that was the source of her fear, but the 'image and appearance of the human body', as Schilder has it. Thus, as a grown woman she perpetuated the disparities of childhood and behaved as if she were a toddler in a world peopled by human skyscrapers. In discussing the vicissitudes of the body image, as they appeared to that indefatigable traveler, Gulliver, Greenacre points out that he who appeared as a giant to the Lilliputians is a mere pigmy in Brobdingnag—'small, helpless and endangered by giants'. She effectively quotes Gulliver's opinions of his nurse: 'her monstrous breast. . . . It stood prominent six foot and [was] sixteen in circumference. The nipple was about half the bigness of my head' (13, p. 58). It is not necessary to comment on the measurement of 'six foot'.

This quality of illimitability was demonstrated in the dream of a patient cited recently (4, pp. 165-180). He is a small boy standing in the street looking up at an enormous breast which bulged over the housetops and 'reached to the sky'. This could well be the view of the 'knee baby' as distinct from that of the 'lap baby', and it matters little; what is important is that for both the 'outside' world as mediated by the breast or the body of the mother is one of infinitude. To be more precise, then, the origin of the fear of being smothered, whether it be in the conversion symptom we have examined, or the phobias of the second patient, or the dreaded nightmare, lies not so much in the reality that confronts the child, but rather in the image that he has of the fleshly amplitudes that enfold him which only gradually achieves 'a local habitation and a name'.<sup>7</sup>

In the final section of his book Jones carries out a detailed

<sup>7</sup> In listening to preschool children playing, one notices that they will use the terms, breast, belly, buttocks indifferently to describe any rounded piece of flesh. One cannot agree with Ferenczi that all convex objects are necessarily phallic symbols.

etymological research into the origin of the 'mare' in nightmare, which he finds in the 'primordial MR root'. One of its meanings is 'to crush'. From this derives 'mara', the night fiend or 'crusher'. From this original root springs another class of words which are cognate: maritime, marine, etc. From the earliest times the central fear of the nightmare was associated with water. Fenichel (6, pp. 313-326) states that the phobic mechanism makes use of animistic thinking and gives us the useful phrase, 'animistic misunderstanding', and he demonstrates its operation in relation to the forces of nature. One can elaborate on one aspect that has exerted the greatest fascination on human imagination, namely, the sea. For the sea is pre-eminently the screen whereon can be projected the whole spectrum of human emotions: it can be calm, moody, angry. It can be 'the cruel sea' and we are told that on the last day it will give up its dead. Not only with this phobic patient but with others the sea lends itself easily to anthropomorphic thinking.

This leads to another of Fenichel's statements: 'A factor common to all phobias is regression' (p. 315). It was this impressive fact that distinguished the second patient from the first. With the first, the intensity of the dread was unmistakable. With the second, one was conscious of a histrionic element, as if she had cast herself as the central figure in a drama of her own devising wherein she played the part of a frightened, cringing little girl in a world of self-created phantasms.

In considering the phobias in general one is impressed by this histrionic element. To be sure one can point to the sexual dangers of the street. But these dangers and temptations are always accompanied by violence, and sex is thought of only in its dangerous aspects. The melodrama has a 'gaslight' element in which the prostitute and the lecher are stock figures. These dangerous properties are the product of dramatic inventiveness aided by animistic thinking. Hence, the whole phobic drama resembles a bad dream from which the dreamer awakes in the nick of time. Thus, this woman's absolute refusal to set foot on any boat, even if it were the world's largest conceivable liner,



reminded one of a little girl's refusal to go to sleep lest she have a bad dream.

This phobic patient had produced a series of dreams which were invariably the same: she is on the point of going out into the street, but awakes in terror. However, after she had successfully taken her children rowing on the river she dreamed that she went out into the street and continued to walk but, she reported, 'there was nothing there'.

#### IV

It can be truly said that both these patients had possessive mothers and argued that they therefore were responsible for the neuroses that ensued. Not only is the contention plausible in that the inevitable imperfections of the mother can always be construed as evidence; it is also attractive in that it satisfies man's age-old propensity to shift the 'fault' onto his 'stars'. There is no need to stress the inner complicity between the unconscious of the parent and that of the child, nor need one stress the enormous influence that the parent can exert on the child. But the constant preoccupation with what the mother was like in *reality* is to underestimate the role of the maternal imago. Because of the differing angles of refraction each child has a private and personal version of the same parent and it is this that will to some extent always dominate his thinking and actions.

'A tendency arises', Freud noted, 'to separate from the ego everything that can become a source of such unpleasure, to throw it outside and to create a pure pleasure-ego, which is confronted by a strange and threatening "outside"' (9, p. 67). Hence, anything that gives rise to pain, whatever its source, is 'thrust forth' like Glover's patient in the dental chair who dreamt that he saw his pain on the ceiling. As distinct from the 'environmental' view one could state that what is decisive is not the event but the reaction to it and this will ultimately depend on the unconscious representation of that which is 'outside'. As to why these unconscious representations should

vary so much in intensity and in some instances be so uninfluenced by the corrections of reality testing is a question to which as yet psychoanalysis has no satisfactory answer.<sup>8</sup>

One of the earliest anxieties would be connected with respiratory sensations. It is possible to understand, therefore, why Fenichel could write, 'every anxiety, to a certain extent, is felt as a kind of suffocation' (5, p. 250). As 'animistic misunderstanding' sees all pain as coming from 'outside', it is possible to understand that that which first mediates the external world, the breast, or the body of the mother, should be imagined as the source of the danger.

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# SUPERVISION. A METHOD OF TEACHING PSYCHOANALYSIS

## PRELIMINARY REPORT

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Learning to practice psychoanalysis as a treatment technique is a crucial phase of a student's training. The training analysis and the theoretical phase of his education prepares him for his first analytic case, yet the problems which this clinical learning experience poses for both student and teacher have been given little attention. The various aspects of clinical teaching stimulate many questions of interest beyond the scope of this presentation. However, this paper is only a preliminary report of an investigation of supervisory teaching as it was revealed in an intensive study of recorded supervisory sessions.<sup>1</sup> Before describing the project as it developed and the formulations derived from the data, it seems useful to recall briefly some of the special problems confronting both students and teachers.

First, the learning tasks for the student are highly personal and individualized. Success depends on the student's ability to develop and use his own personality as an instrument in the treatment process. Such a goal involves far more than theoretical knowledge or practical rules of thumb. It is intimately connected with achievement of insight and self-discipline. Many other professions require a high level of self-discipline but none demand the degree of insight necessary for the practice of psychoanalysis. In no other profession is personal insight and integrity so consciously and deliberately made a goal of the training experience.

This basic learning is provided in the training analysis, a personally therapeutic experience, in which self-knowledge is an end in itself. The student-analyst begins to learn from his experience as a patient how to listen to associations, perceive mul-

<sup>1</sup> A monograph of this investigation is being prepared.



multiple meanings, and use his interpretative functions on himself. In his training analysis he works to understand his own life history and the developmental experiences which produced his present personality. In the recapitulation with his training analyst, he acquires conscious insight which permits him to change his patterns of behavior that would otherwise interfere with his profession. Next, he has to learn how to use his self-knowledge in treating a patient. In this phase of his training, his role is shifted and the student takes the position of analyst instead of patient. The same learning objectives persist, however, as he continues to learn about himself and to exercise his perceptiveness, his introspection and empathy, and his interpretative skill which is now directed toward the therapy of another person.

For this practical learning task, a student-analyst continues his experimental learning under the 'observing eye and ear' of a supervising analyst. It is a different situation from the training analysis in that a third party, the patient, enters the picture and is constantly in focus as the primary object of the activity of both student and teacher. The student's native talent for self-understanding, developed further in his training analysis, is now put to clinical use. Unlike the training analyst who works only as a therapist to open up his student-patient's channels of communication with himself, the supervising analyst works toward helping his student-analyst to recognize persisting blocks to learning and to develop skill in applying what he has learned of self-knowledge and theory. As a teacher, the supervising analyst evaluates the student's competence, tries to determine the cause of learning difficulties, and attempts to relieve those difficulties that are amenable to supervisory teaching.

The supervisory task is complicated by the highly personal and individualized nature of the teacher-student relationship, just as the same factors complicate the learning tasks for the student. Not only is each patient different from another and therefore presents different therapeutic problems, but students differ in their endowments and aptitudes for analytic work, in the ease with which they can integrate self-knowledge, and the

tempo for developing professional skill. Moreover, the teaching situation deals with experiences as intimately affect-provoking as the analysis itself and, therefore, the personality of the analytic teacher plays a more significant role in supervision than in any other clinical teaching. In this setting, a supervisor needs to make use of his clinical judgment in carrying out his teaching assignment. Emotional problems of his student often intrude as obstacles to the therapy of the patient and thereby become targets for the teacher's attention. They call upon his ingenuity as well as his therapeutic attitudes and knowledge. To recognize and solve these problems is a learning objective for the student and a teaching objective for the supervisor. To know where the functions of therapist and teacher overlap and to define the limits of each is a learning task for the supervising analyst as he develops his skill as a teacher.

The double role of the analyst-teacher was elucidated by Helen Ross at a Chicago Training Analysts' Seminar in March, 1956. Speaking of this twofold function, she said, 'The complexity [of supervision] seems to be because it is two-dimensional. The supervisor is a teacher, but he is trying to help the candidate know how to deal therapeutically with people. The teacher is concerned both with pedagogic and therapeutic concepts at the same time. As an analyst, the supervisor cannot help being aware of the difficulties of the pupil. It is a Janus job. It is very difficult to remain a teacher when he sees the emotional floundering, not just of the patient, but of the student as well. How to keep the balance so that he can continue to be a teacher, to help the patient, and to help the student deal with his own emotional problems is the most difficult task I know' (7).

There is a growing awareness among psychoanalytic educators of the special problems presented by supervision as a method of teaching psychoanalysis. Supervision has been considered almost as private and confidential as analysis itself. As long as this attitude persists very little can be known about what happens in this teaching-learning situation. What is taught and how is it taught? How does a supervisor contribute to the develop-

ment of a student's personality as an instrument in the psychoanalytic treatment process? What kinds of learning difficulties appear in the work of a beginner compared to that of an advanced student? Do they change in response to supervisory teaching? How do different teachers deal with similar learning problems?

Due to increasing interest in these questions a careful study of typescripts of electrically recorded supervisory sessions was undertaken. At first our project was not planned but grew out of a chance discovery that each of us was supervising the same two students. One had supervised both students on their beginning cases and the other had supervised both students on their advanced ones. This provided material from four analyses conducted at different stages of learning for the students. We hoped to examine our own teaching techniques, the learning problems and progress of these two students, and to formulate some general principles for supervisory teaching.

Several procedural questions arose in the early stages of the work. The first concerned the reduction of an enormous quantity of collected material to manageable size. The second involved the personal nature of the material which contained information about the student and the patient which is usually considered confidential. Similarly, it revealed information about the supervisor's teaching techniques that is usually considered to be personal and confidential. We wondered whether we could achieve objectivity in these sensitive areas and could protect both patient and student from undesirable exposure. The third question was how to approach the material with a common frame of reference for our observations.

Transcripts of the supervisory sessions for each of two completed analyses were available. They covered several hundred analytic hours for each student on his elementary case and ninety-four and ninety-two hours respectively of supervision. One advanced case had been in analysis for over a year and the other for about four months when a study of the material was

begun in August, 1960. To date, both advanced cases are continuing, although one is approaching termination. Unfortunately, recording was begun on the first supervisory hour with only one student; for the other, from three to twelve supervisory sessions occurred before starting to record. Each supervisory hour covered four to eight analytic hours, depending on the frequency of supervision. Each analysis was conducted at a frequency of four times a week.

Originally, study of the material was limited to the first five recorded supervisory sessions. Each of us first read five supervisory hours for each student on his elementary case and then proceeded to the comparable five hours on his advanced case. Notes made on the material of each supervisory session attempted to identify learning problems and how the teacher had dealt with them. Since we were primarily interested in the educational process we paid special attention to the communication between the student-analyst and the supervisor. This procedure was carried out independently for a total of twenty transcripts before discussing our observations.

When findings on each of the four cases were compared, the material divided itself into observations on the therapeutic process and those on the teaching-learning process. The student reported on the therapeutic process, giving a picture of the patient and of his interaction with him. Sometimes he spontaneously gave a report of his own responses to the patient's behavior as well as his explicit interpretations and his formulation of the movement in the therapy. The fact, known to every supervisor, that a good student presents his supervisor with a clear picture of the patient and that such a picture is necessary for a good job of teaching, was well documented in these transcripts. From the therapeutic material reported the supervisor is able to empathize with the analytic process and to detect the student's difficulties in understanding and technique. The teaching-learning material consisted of exchanges between the supervisor and the student-analyst. These exchanges constituted units of each session which gave data on the teaching process. From



these data observations were made on what the supervisor considered to be the immediate teaching objectives, the learning difficulties, if any, and the pedagogical techniques.

As we discussed our notes, we found ourselves describing the experience of reading the written material. We discovered that we had approached the material in similar fashion and had many similar reactions. These experiences should be mentioned because they belong to a statement of our procedure, and also because the insights they generated contributed to other observations on the processes of interaction between communicating systems in the therapeutic and the teaching situations.

We went through several steps as we studied the material. First, we read descriptively, trying to establish a feel for what was happening. This was not difficult since even the written word permitted an empathy with the experiences of the patient, the analyst, and the supervisor to a degree which surprised us both. We found ourselves participating vicariously in the supervisory hour which we were reading.

From the discussion of this shared attitude in approaching the transcript, our attention was focused on the role of the supervisor. We observed that we read as a supervisor would listen to the student's report of analytic material and that we reacted as a supervisor would, empathizing, first, with what the patient was saying and trying to diagnose the meaning of his behavior on its multiple levels. In this operation, a supervisor is oriented to the role of analyst of the patient. But, simultaneously, a supervisor is in empathic communication with the student-analyst and as he listens to his own associations to the patient's material, he also listens to what is going on in the analyst. Studying the records we became aware that in listening to the student's report, the supervisor 'tunes in' with the student. In other words, there is an unconscious accommodation to the student's mode of functioning. We realized that we intuitively became less active with a student who was slower to verbalize the dynamic process and who needed time to develop better awareness of his emotional responses to the analytic and

supervisory experiences. Under other circumstances, there was more teaching activity relative to the student's learning needs and capacity. This general attitude of the supervisor constituted the foundation for rapport with the student.

In the usual supervisory situation, there are two persons present, both in empathic communication with a third person, the patient. In studying transcripts of supervision, it became obvious that investigation introduces a new factor. The investigator is called upon to empathize with the supervisor in order to understand his teaching behavior, yet he must maintain distance for objective observation. This should be taken for granted, but we became increasingly aware of the effort required when faced with evaluating our own supervisory activity. We had before us the evidence of what we had said to the student-analyst. While listening to our responses to the analyst-patient transaction, recalling our own associative thinking at the time, we also had to remain detached from that vividly recalled experience and keep the goal of the project in mind. The investigative goal demanded an objective view which would permit observations on our own ability as an analyst of a patient's material, an evaluator of a student's competence, and as a teacher of psychoanalysis.

It was gratifying to discover in the preliminary phase of our investigation that we identified the same material as evidence of a learning difficulty in the student and a teaching problem for the supervisor. We were generally in agreement regarding the dynamics and source of each problem. They could be grouped into factors having to do with the therapy, the student's learning needs, and the teacher's technique. We were not always in agreement regarding the way in which the therapeutic situation between the analyst and his patient was interpreted for teaching purposes by the respective supervisor. As one would expect, our own individuality influenced our teaching technique.

The next investigative task of conceptualizing was more difficult. Our psychoanalytic orientation tended to keep us focused on the individuality of an experience which was ade-

quate to describe the psychoanalytic treatment experience as a process of interactions with particular motivations, but we found ourselves at a loss when we tried to conceptualize the teaching-learning experience in terms of process. We turned to social science and received assistance from the work of Lennard and Bernstein and their collaborators who reported a study of verbatim material from the psychotherapy of eight patients over a period of a few months (6). The authors approached their material from the framework of social-interaction theory, and attempted to 'dissect' the factors and the processes that were observable in therapy. Stimulated by this work we began to examine the supervisory experience in terms of system interactions and to think of the teaching-learning process in this 'small group' in terms of the problem-solving concepts of Robert Bales (1). It is not practical in this report to discuss further these interesting and helpful concepts.

The concept of process and systems is intrinsic in psychoanalytic theory. Psychoanalytic psychology conceptualizes psychic events as the consequence of exchanges between systems of the psychic apparatus tending toward equilibrium. Thus the intrapsychic communication of the patient among his conscious, preconscious, and unconscious systems has been the subject of study since the beginning of psychoanalysis (3). This communication process has been influenced by psychoanalytic treatment. The 'therapeutic process' has been understood as an interaction of systems in communication. It has been implicit that the 'psychoanalytic situation' facilitates an undercurrent of psychologic relationship in which the verbal or nonverbal communications of the patient elicit responses in the psychoanalyst who, in turn, by his response—whether this be silent, verbal, paralinguistic, or nonverbal—induces a change in the intrapsychic processes of the patient.<sup>2</sup>

<sup>2</sup> Systems can be defined as '... two or more units related in such a way that a change in the state of any one unit will be followed by a change in the state of the remaining units which in turn is followed by a change in that state of that unit' (6).

The intrapsychic communication of the patient goes on continuously as an imperceptible soliloquy. In psychoanalytic therapy, however, the privacy of the activity is invaded by the analyst who becomes a factor in the interpersonal interactions of two sets of intrapsychic systems, the patient's and his own. Within this interpersonal system, A-P, the analyst operates receptively and responsively by means of his own associative and interpretative functions directed toward the patient and concurrently toward his own mental activity.

The supervisory situation adds a third intrapsychic system to that of the patient and the analyst, that of the supervisor, thus creating another interpersonal system, S-A. Both components of this system are in relation to a third person, the patient, S-A-P, which creates a complex triadic system<sup>3</sup> with processes of interaction in two directions and on multiple levels. The supervisor perceives P through A and is simultaneously tuned in on A and on the system, A-P. From this position, the supervisor observes the student as he functions with his patient and as he functions with the supervisor himself. With his 'scanning attention', the supervisor empathizes with each intrapsychic system individually and on several levels and with the A-P system as a unit, moving back and forth between the reporting analyst and the patient as indicated by what A reports.

Studying the written documents of our supervisory sessions, we identified the various systems that were in communication

<sup>3</sup> We become aware of the complexity of this triadic system if we consider the 'subsystems' which might influence the student-analyst in relation to the supervisor or to the supervisory situation. Primary among them is the incorporated image of his personal analyst as well as his relationship and reactions to other teachers and/or also to the 'training system' as a whole. The 'training system' might have similarly a motivational influence upon the supervisor who, in his attitude toward the student, might be influenced by his own status in the training system, or by his relation to the training analyst of the student, etc. But our discussion can only deal with the main participants of the S-A system; the protagonists are evaluated according to their motivational influence in any given situation. In the same way, one could describe the subsystems influencing the A-P system; these also enter into the supervisory process, creating a variety of problems according to their significance.



and isolated units of interaction. We were able to follow the movement from one unit to the next so that the configuration of systems interacting within each supervisory session and over longer periods of time became apparent. As the phenomena of shifting tensions within the S-A system during supervisory sessions came sharply into focus, the significance of the concept of equilibrium within a system and interacting systems became observable. This enabled us to delineate and evaluate the supervisor's activities as they were directed toward maintaining optimal tension in the teaching-learning relationship.

Just as in the psychoanalytic situation, in spite of its rigors, the analyst intuitively supports the 'therapeutic alliance', so does the supervisor direct his activities, sometimes deliberately, at other times intuitively, toward maintaining a 'learning alliance'. Just as a therapeutic alliance is a basic factor in the success or failure of therapeutic work, so the equilibrium in the learning alliance may determine success or failure of a supervisory experience.

Our records demonstrated the marked influence of the 'learning alliance' on the teaching-learning process. The supervisor's preconscious and conscious concentration on establishing this alliance was very apparent. Much effort, especially in the early stages of the relationship, was directed toward maintaining equilibrium in the alliance or toward improving it. Later, each supervisor deliberately put the alliance under stress when such a teaching maneuver was indicated. Disturbances which appeared in the equilibrium of this relationship seemed to originate in the student-analyst's attitude toward being taught—in other words, his 'problems about learning' to use the phrase of Ekstein and Wallerstein (2). Diagnosis of the state of this working relationship gave clues to the student's anxiety about exposing himself and being judged, to his capacity for self-examination, to his objectivity about his supervisor, and to his tolerance of criticism.

Equilibrium in the learning alliance is also a function of the supervisor's personal reactions to the student-analyst's problems

about learning, especially where specifically personal behavior patterns on both sides of the S-A relationship could upset the balance and interfere with good learning. The learning alliance is based on mutual confidence and respect and both of these attitudes become more firmly established as a good learning experience proceeds.

One phenomenon which stood out in our study was the way in which 'system sensitivity' (6) on the part of the supervisor played a role in the teaching. 'System sensitivity' enables a supervisor to use his scanning-diagnostic-evaluative functions on both himself and the student-analyst. As he listens to the student's responses to his teaching interventions (questions, criticisms, interpretations, praise), the supervisor assesses the student's rapport, resistance to learning, and to being taught. From this assessment he arrives at a choice of his response to the student in order to maintain a system equilibrium which facilitates learning.

As we proceeded with the examination of our material, we identified and classified activities. From these observations, a diagram was constructed (Chart I). It attempts to picture activities which might occur in a supervisory session. Obviously, not all of them appear each time. The supervisory focus changes depending upon the needs of the patient, the competence of the student-analyst, and on the pedagogical choices of the supervisor. We call this chart a model of supervisory activity.

Within the time limits of a supervisory session, the supervisor's tasks are focused around 1, his over-all teaching Aims; 2, his Pedagogical Diagnosis; and 3, the Teaching Targets toward which he directs his teaching maneuvers. In Chart I, these three sets of tasks are grouped in three columns. A horizontal line goes through all three columns and can be considered the line of interaction between supervisor (S) and analyst (A). What is above the line has more to do with the behavior in the A-P (patient) system as it is understood by the listening supervisor. What is below the line refers to the S-A interaction in relation to A's intrapsychic functioning as an analytic instrument.

We have represented on the line in the diagram how S relates to each set of tasks. He assists A to achieve the aims of supervision; as he works in this direction, S evaluates A and comes to a pedagogical diagnosis; on the basis of this diagnosis, S decides to orient A to particular teaching targets.

Three over-all aims of the student and supervisor were formulated. Two of these are primary, one chiefly related to the A-P system and one to the system within A. The first, of course, is to promote the psychoanalytic treatment of the patient (Aim 1). Working in this direction, the teacher has responsibility for protecting the patient as well as he can from mistakes stemming from the student's ignorance or lack of experience. Closely interrelated with promoting good treatment for the patient is the over-all aim of assisting the student to develop himself as an analyst (Aim a, below the line). This aim is directed toward increasing the student's knowledge and technical skill as well as working to relieve the learning difficulties which are rooted in unsolved personality problems. These obstacles to both technical knowledge and the development of his self-analytic function were referred to earlier when we stressed the relationship between self-knowledge and professional competence.

A third over-all aim for the supervisor can be expressed in the phrase, to assist the student to objectify his learning (Aim 2, above the line). In some ways this goal is beyond the level of mere practical skills in understanding and therapeutic responsiveness. Achieving this goal is a result of learning to draw conclusions about human behavior and psychoanalytic technique on a broader, more general level. It involves development of a capacity to see how a particular patient falls into a more general theory or in what respects the patient's problems stimulate questions not answered by what is 'known'. This adds a dimension of scholarship and scientific attitude that reaches beyond the purely technical into the creatively intellectual with the possibility of contributing to scientific concepts and theory. In the study of the transcripts of four analyses, we saw many instances where this aim was part of the specific teaching activity.

Chart I—MODEL OF SUPERVISORY ACTIVITY

## PEDAGOGICAL DIAGNOSIS

## AIMS

- 1 to promote  $ps_a$  of P
- 2 to objectify his learning

- 1' A's rapport  $\bar{c}$  P
- 2' A's understanding of P's material
- 3' A's technique of communication  $\bar{c}$  P
- 4' A's rapport  $\bar{c}$  supervisor

## TEACHING TARGETS

- 1'' to dynamics of P
- 2'' to dynamics of transference
- 3'' to general & special technique
- 4'' to general & special theory

## S ASSISTS A

- a to develop himself as an analytic instrument

## EVALUATES A

- a' A's self-observation & communication  $\bar{c}$  his own preconscious motivations
- b' A's level of insight
- c' A's awareness of his responses to supervisor

## DECIDES TO ORIENT A

- a'' to effect of his behavior on P
- b'' to A's motivations for a given behavior
- c'' to his relationship  $\bar{c}$  S



For the supervisor, the fundamental activity is to listen empathically to the student-analyst's presentation of the analytic material. He 'tunes in' and compares the analyst's diagnostic thinking and therapeutic responses with his own. He evaluates accordingly both his own understanding and that of the analyst. On the basis of his conclusions, he makes a pedagogical diagnosis in one of several areas.

The content, the manner, and form of the student's selective reporting of the analytic material give the supervisor clues as to A's rapport with the patient (1'); his understanding of the patient's material (2'); and A's technique of communication with P (3'). In other words, the supervisor evaluates the student-analyst's skill in establishing a therapeutic alliance and facilitating development of the transference, his understanding of the dynamics of the patient, and his competence in interpretation. A fourth area for diagnosis refers to the learning alliance (4'), A's rapport with the supervisor.

The supervisor also evaluates A's perceptiveness, his empathy and capacity to respond appropriately, his ability to observe himself and communicate with his own preconscious motivations (a'), all aspects of his native psychological talent. A's level of insight or self-knowledge (b') is closely related to these capacities for communication, but his level of insight also measures the effectiveness of his training analysis in developing his talent to a level of independent functioning in self-analysis (4).

Learning problems are revealed in these areas and the supervisor is constantly evaluating how well A is using his talents and whether his difficulties result from a lack of aptitude for analytic work, a lack of knowledge, inexperience, or from deficiencies in the area of self-knowledge and countertransference reactions.

A diagnosis of the student's awareness of his reactions to the supervisor (c', Chart I) aids the supervisor in estimating both A's endowment for analyzing and his success in applying his theoretical and self-knowledge. All these qualities of a competent analyst are reflected in the tensions that develop in the learning alliance. Here the supervisor can obtain additional direct in-

formation on a manifest behavioral level of persisting anxieties and conflicts which stir up defensive behavior with both patient and supervisor, behavior which interferes with therapy and learning.

Having diagnosed some learning difficulty, the supervisor must go on to determine to what extent the problem influences A's work with his patient. But the problem facing the supervisor is only partially diagnostic. His pedagogical technique is even more important. He must decide how to deal with the learning difficulties in relation to the teaching objectives as well as to the state of the learning alliance. In so doing, he chooses among a number of alternatives. His time is limited and there is usually much that could be discussed. He must decide on a teaching target and how to communicate with A about it (how to teach). Should he pay primary attention to the dynamics of the patient (1'') or in some way increase A's sphere of theoretical understanding (4'')? Should he concentrate on A's technique of interpretation and the transference phenomena (2'', 3'')? Should he do this by explanatory instruction or a more Socratic method? Should he demonstrate his own associative processes or is there a way to catalyze the student's associative operations so that marginal awareness can be recalled and made more explicit?

In compiling our observations on the teaching targets on which the supervisor chose to focus in any given supervisory session, we decided to describe this activity as 'decides to orient A', i.e., to explain, clarify, instruct (to teach regarding the various topics in the right-hand column of Chart I).

When the problem is primarily lack of information or inexperience in understanding multiple meanings, the choice of teaching moves is relatively simple. In such instances, the supervisor needs only to indicate, to explain, or to demonstrate his own interpretative thinking. He may make suggestions about what he thinks the student-analyst might have done in a given instance or should look for and interpret in the next period of analysis. However, in the case of a character defense or a

persisting neurotic conflict in the student-analyst, the supervisory task is more complicated.

These latter teaching targets are summarized in the items below the line in the model. Again, the supervisor is interacting in the S-A system and attempts to orient A to the effect of his behavior on the patient (a''). Counterresistance may prevent A from seeing his patient's response to some behavior or interpretation of his own. The supervisor needs to decide whether or not to do more than confront A with the evidence for his blind spot. When the supervisor chooses to work with A on the motivations for a given bit of behavior (b''), he is going more deeply into A's intrapsychic system. Such teaching technique as appropriate questioning may catalyze A's self-analytic functions and bring sharper self-awareness. This phenomenon was observed frequently, as we studied our records, especially where the learning alliance was optimal. It is this kind of teaching activity that assists A to develop his capacity for self-observation and introspection. Often, with this assistance, his self-analysis is able to alleviate the difficulty or to influence his return to his analyst.

The last teaching target (c'') refers to the supervisor's activity in orienting A to his problems about learning, i.e., to some difficulty in the learning alliance. This is a complex problem and offers many opportunities for skilful teaching technique. Rich illustrations of such problems and some techniques for handling them are described by Ekstein and Wallerstein (2). Discussion of our findings on this subject would be inadequate without pertinent illustrations which cannot be presented in this report.

One example, however, illustrates a learning problem and the supervisor's teaching technique in assisting the student to solve it. This episode is taken from the first case of a student who had good psychological aptitude but appeared initially more reserved than usual with the patient and defensive toward the supervisor. The patient was an attractive, unmarried woman.

The supervisor recognized without interpreting the inhibition of A's awareness of the ongoing process as 'defense against being involved'. In one of the supervisory sessions, A had demonstrated awareness of his tendency to identify with the patient.

In the thirteenth supervisory session, the first recorded (presenting material of the fifty-second to fifty-sixth analytic sessions), A reported from his notes, was in good contact with S, and did not appear to be disturbed by the audiograph. The supervisory session began by his reporting transference demands of the patient who complained that A did not answer questions. A did not comment. Then P reported a vivid dream which contained elements of a repetitive childhood nightmare; in the old dreams, P felt covered by insects and awoke in a panic. In the current dream: a single cockroach was crawling out from under the woodwork; she watched its crawling intently; 'Then it made a U-turn, bit me, then it was gone'. P awoke with anxiety. She associated a vague memory: 'I was nine years old; it was summertime; I was standing alone behind a wooden gate looking through the slats into an empty yard'. The memory as it was told by P and reported by A conveyed to S a sense of loneliness and longing. Yet A did not seem to sense it, did not seem to respond to it even when S asked several questions around the topic; he appeared almost blank. S wanted to mobilize him. She told him about a patient of hers whose father died when he was four and one-half years old. This patient often repeated in the analysis how he used to look through the window with vague feelings of sadness, watching the rain falling quietly on the gray ground of the yard; in this patient's nostalgic fantasies, it was always fall and seemed like the weather at the time of his father's funeral.

Nothing was explained, neither S's intention in telling the story nor the parallel between the two patients.<sup>4</sup> S simply gave an example of how she used her free associations, in supervision, as in analysis. The student responded, 'I am just thinking—why did I not ask her to elaborate on this? And *now* I just

<sup>4</sup> A's patient was six years old when her father died.



thought of that because I had some sort of feeling about the kind of summer she was talking about, from my own childhood—the bees, the wasps, the fruit ripe, the idleness of the summer when nobody is around and you wander alone—you know.' Indeed, A actually responded to P's present mood, and to the mood of her screen memory, yet he suppressed the intrusion of his associative response which caused inhibition of his response to P and also to S. An elaboration of his fantasy as A responded to S certainly cannot, should not be communicated to P. Yet a more experienced analyst would have been able to separate his own memory from P's memory, find the common denominator and a way of responding to P.

Considering A's inhibition toward P, what was S's task? She could have left the whole issue alone and listened to the continuation of A's reporting. But by this behavior S would have done what A did: just listen. This might have reassured A that maintaining silence is the most adequate response for an analyst. S also could have said to A, 'You actually did have empathy for what P was talking about. What do you think now you could have said to her?' This would have led to the discussion of one of several topics, more or less profitable, e.g., A had a tendency to overrespond to P's mood and he defended himself against this tendency. In this particular instance he was not experienced enough to isolate his own associations and find an adequate response to P.

S, responding intuitively to the sensitiveness of A, avoided a discussion which would have attacked A's defenses and only said, 'Yes, such nostalgic feelings of childhood have many meanings . . .'. To this A replied, 'Age of nine—that was the time when her older sister, the substitute mother, went to work'. Thus, the intervention of S was successful. It revealed A's empathic response to P, relieved the tension in the S-A system, and by this turned A's thinking toward P. He recalled the genetic material relevant to the screen memory.

This teaching-learning situation can be expressed in terms of the model:



Chart II represents the correlation of the therapeutic material which A reports to S with the learning objectives hoped for in an ongoing supervisory experience. In the left-hand column are enumerated the kinds of therapeutic material which constitute the basic information for the work of both analyst and supervisor: 1 includes the communications from P to A-P's associations, verbal, paralinguistic, and nonverbal. A reports to S words used by P and also what he heard and what he perceived in other ways. His report is a result of his own selective processing influenced by many factors including repressions, inhibitions, anxieties which may distort the valid picture of the patient and the A-P interaction. 2 refers to another kind of information, namely, the analyst's associations to the patient's material which he becomes aware of as a result of his own introspection. These associations lead him toward understanding the meaning of the patient's communications and are essential information for the supervisor in his evaluation of A's capacity to associate effectively in his therapeutic role. When this kind of information is not available, it is usually a sign that the student has a learning block or an inadequate concept of the psychoanalytic process. Many students have to be taught the importance of providing this material. 3 includes A's responses to P in the form of interventions and interpretations which he has made as a result of his empathic understanding of P's dynamics and the process of therapy. 4 refers to A's responses that intrude inappropriately or to self-questioning in trying to understand the motivations in P and in himself. These motivations may offer facilitation or resistance to the ongoing therapeutic process, something A needs to recognize.

The student's report of his case material is, however, not only the vehicle of the supervisory teaching, it is also one of its objectives. It is the supervisor's task to develop the student's awareness of the dynamic lines of the ongoing psychoanalytic process, his role in it, and his responsibility for it. As the student's reporting improves, as it becomes more complex (i.e., he is able

## Chart II—SUPERVISORY EXPERIENCE

### *Therapeutic Material* As presented to S by A

1. Patient's associations (verbal, paralinguistic, non-verbal)
2. Analyst's associations toward diagnostic meanings
3. Analyst's responses to patient (interventions, interpretations)
4. Analyst's self-questioning or responses that intrude
5. Phenomena of transference & countertransference → identify repetitive patterns & genetic roots → in patient & self
6. Awareness of psychoanalytic process
  - in patient
  - between A and P
  - from hour to hour
  - from phase to phase
7. Awareness of and evidence for insight & growth in P & self

### *Learning Objectives*

In relation to functions active  
in psychoanalytic work

- 1'. To listen with free-floating attention → develop associative processes → self as instrument (receptive, perceptive, synthetic functions)
- 2'. To make diagnostic interpretations to self → introspection → synthetic & integrative functions
- 3'. To estimate resistance & anxiety → empathy with affective & regressive state of patient ("system sensitivity")
- 4'. To judge timing & dosing → sensitivity, empathy, responsiveness (in time & system equilibrium)
- 5'. To become aware of transference & countertransference
  - in patient
  - own behavior as causing patient response
- 6'. To recognize dynamic lines, their shifts in relation to stimuli inside & outside the analytic situation
- 7'. To recognize movements toward transference neurosis, working through and termination



to include more factors of the interaction and more of the relevant meanings) and, at the same time, more dependable, the presentation of the material becomes an indicator of the student's learning.

The right-hand column of Chart II gives the learning objectives which are primary for learning how to practice psychoanalysis. These objectives can be formulated as: 1'—to learn to listen with free-floating attention permitting the development of A's associative processes and leading toward effective use of himself as a receptive, perceptive, and synthesizing instrument; 2'—to learn to make diagnostic interpretations of meaning to himself, exercising his introspective capacity, his synthetic and integrative functions; 3'—to learn to estimate the patient's resistance and anxiety level. This task involves capacity for empathy with the affective and regressive state of the patient. It requires the development of 'system sensitivity' on the part of A as he communicates with the intrapsychic system of P. 4'—to learn to judge timing and dosing of responses also requires sensitivity and empathic responsiveness in tune with the equilibrium in the A-P system; in other words, A's awareness of the therapeutic alliance and the tact required for skilful interpretation.

To follow the changing levels of learning in relation to the ongoing therapeutic process, we turn back to the therapeutic material and find a different kind of information. Item 5 (Chart II) refers to the transference and countertransference phenomena as A perceives them and reports to S. From this information the supervisor can evaluate A's awareness of the various aspects of P's transference, especially the genetic roots of the repeated patterns of conflict and defense. The same holds true for countertransference phenomena in so far as A is aware of these reactions in himself.

Item 6 includes information about the psychoanalytic process—A's awareness of the oscillations and vicissitudes of system interactions: in P as therapeutic regression takes place and shifting cathexes permit deeper preconscious derivatives to become manifest and then conscious; changing levels of resistance and

affect discharge between P and A; changing levels of regression and ego integration from hour to hour, and from phase to phase of the analysis.

Item 7 refers to material from the later stages of the treatment and includes how A sees the movement of the patient toward insight and growth. This material should demonstrate A's own growth as well.

The learning objectives which correspond to the material just described are at a more advanced level. Beginning with Item 5', the content of the learning experience refers more specifically to an ongoing dynamic process of system interactions moving toward a therapeutic end point of change and maturation. The steps in learning about the analytic process include an appreciation of transferences and countertransferences as having mutual influences offering facilitation or resistance to the analytic work. Recognizing the effect of analytic interpretation on the focusing of dynamic lines and producing shifts in one direction or another (Item 6') is a complex technical task. It constitutes a large share of the teaching effort as the student's level of integration of what he has already learned progresses to more refined skill in interpretation. The student needs to recognize that external events can interfere with a smooth therapeutic movement, or they can sometimes be of assistance. In other words, the supervisor should teach the student analyst to remember that he and his patient live in a world of social reality in the present that often requires at least temporary adaptations outside the immediate phase of the analytic process. Item 7'—learning to recognize movements toward the transference neurosis and working through to termination is measured by A's reporting of the material on insight and growth. P's manifest material may be very similar to what has gone before, but evidence of new integrations and changing internal structure should be identified by A.

It can be seen that these objectives represent an ascending order of complexity. They begin with a simpler task of listening and gathering information. Then they proceed to processing

that information with organization of it—the discovery of meaning on many levels—the diagnostic phase of the interpretative work of an analyst. They then continue on to an integrative, responsive, and expressive phase—a selection of what to say to the patient. This requires a more complex system sensitivity which enables the analyst to take into account many elements and many levels of organization. In other words, the choice of therapeutic interpretation is determined by sensitivity to the ego state of the patient—the equilibrium in P's intrapsychic system—dynamically, genetically, economically. To recall the concepts of Ernst Kris (5), this level of learning objective has to do with techniques that help to regulate discharge of affect and speed and depth of regression, factors which are part of the integrative process in achieving insight. Chart II, for the supervisor, breaks down the complexity of his tasks in a progression. The sequence in this progression is not predetermined; individual variations depend on the student, the patient, and also on the supervisor-analyst interaction. Yet, in spite of the limitless variations of this process, this chart can also be used to guide a supervisor in his evaluative functions, e.g., diagnosis of learning difficulties (aptitude, knowledge, inexperience, or character problem); or the estimation of the student's initial competence and evidence of his progress in learning and development of skill. Further discussion of the details of this chart must be left for a fuller presentation of our investigation.

Also omitted from this list of learning objectives are the extras which can be provided after the basic objectives are achieved, or at any time when the student's interests and psychoanalytic maturity permit him to reach out beyond the immediate necessities of the therapeutic process. (Examples of surpluses were suggested in referring to Aim 2 of the model.) These 'surpluses' have the objective of stimulating the curiosity and investigative interest of the student. Such attitudes are basic values for a psychoanalyst whether he is a practitioner or a researcher. When it is possible to provide 'surpluses', the supervisory situation has been found to be a valuable research training experience.

## SUMMARY

In this presentation of our study of psychoanalytic supervision as a teaching method, we have indicated how we collected our data and studied it. We stated the questions which we originally asked of the data, and we have given, in condensed and abstracted form, generalizations related to educational objectives and teaching techniques as they were revealed in the recorded material.

We have presented a frame of reference in which to identify and organize the process of the teaching-learning experience in the interaction between the supervisor and the student-analyst. In the model (Chart I), we have represented in cross section the tasks and activities of a supervisor. Our data demonstrate the significance and vicissitudes of the relationship between supervisor and student-analyst—the learning alliance—a relationship on which effective learning depends. From a longitudinal point of view, we developed a sequence of learning objectives ranging from elementary to advanced levels. The relation between basic objectives and native aptitudes was stressed.

Learning to apply psychoanalytic theory to behavioral phenomena in psychoanalytic transactions rests fundamentally on combining the acquisition of practical techniques with freeing the learning blocks in the student. The two roles of therapist and teacher fuse in the functioning of the supervisor when the recognition of the importance of insight and an ability of the analyst to 'analyze himself' become an educational objective. To teach how self-understanding operates as an asset or lack of it as a handicap in the therapeutic process is a central task in supervision and calls for the exercise of delicately applied teaching skill. The supervisor's self-knowledge and his training as a therapist prepare him especially well for the first step in this teaching-learning experience, e.g., to diagnose the way in which the student-analyst's self-analytic function is working for or against the therapeutic goal for the patient and his own development as an analyst. Attempts to relieve learning difficulties in



diagnostic and interpretative skill are basic teaching goals but success is dependent on the growth of this function of self-analysis.

In making this study and these generalizations, we have proceeded from fundamental assumptions that psychoanalytic skill depends primarily on native endowment consisting of an interpersonal sensitivity and capacity for empathic responsiveness that cannot be imitated but must be developed. Without the aptitude, little can be learned from teaching or experience. With the aptitude, much can be learned from experience alone, but more can be achieved by good teaching.

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## FREUDIAN OR NEOFREUDIAN?

BY EDWARD GLOVER, M.D. (LONDON)

With a few notable exceptions—from which may be singled out the Collected Papers of Freud, the Contributions of Abraham, and Ferenczi's and Jones's Papers—volumes of collected and especially selected papers on psychoanalysis are exercises in scientific autobiography, embarked upon when the author is nearing the age of retirement and wishes to put on record the trend of his scientific thought from his professional nonage to the date of publication. Provided his thinking is of more than personal interest, something can be said for the custom; for when nearing the close of his professional career, an analyst should at least be able to indicate to future readers what he thought he was talking about most of the time. Whether his readers will accept his autobiographical valuations is naturally on the lap of the gods—in this case, candidates in the sophomore year of professional training.

Of course, the system has some drawbacks. The author may have already published in book form his most enterprising contributions in various areas of psychoanalysis, so that, however well selected the papers may be, it is impossible to avoid great lacunae in presentation. This is certainly true in the present instance. With a natural aptitude for exposition fostered by upbringing in the metaphysical atmosphere of an academic home in Budapest, Franz Alexander has set his name to a number of treatises which for some time to come will certainly engage the attention of psychoanalysts and often the devoted interest of 'neofreudians' in various branches of the International Association, to say nothing of psychiatrists at large, whose criterion for a good 'neofreudian' is that he should contradict Freud on some vital point or points of theory. Perhaps it would be a good idea if the authors of 'selected' papers interpolated between their various contributions a brief summary of their thinking in the intervening periods; but readers can always make this out for themselves. Candidates are, on the whole, lazy or at least cursory readers, and it would do them no harm to address them-

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Comments on *The Scope of Psychoanalysis, 1921-1961: Selected Papers*, by Franz Alexander. New York: Basic Books, Inc., 1961.

selves to the task of filling up gaps in a potentially fruitful trend of thought.

But what, it may be asked, is a 'neofreudian'? It is sometimes assumed that a neofreudian is one who advances the established principles and practices of psychoanalysis, modifying, where he deems it necessary, some of the allegedly more outmoded concepts of its founder and removing what he considers irrelevant accretions to the central body of psychoanalytic doctrine. This is an apparently reasonable, if rather superfluous, definition based on the not so reasonable assumption that psychoanalysis, like other sciences, inevitably progresses. It may be held, however, that the answer to the conundrum, 'When is a freudian not a freudian?' runs, 'When he is a neofreudian'. In other words, some observers of psychoanalytic progress or regress, jaded by long years of browsing through the literature, may well be inclined to the view that neofreudianism is characterized by abandonment of some of the essential concepts of psychoanalysis and a retreat to the clichés of preconscious psychology, even if these are wrapped in allegedly modernistic terminology. Naturally, each generation cleaves to the view that its favored doctrines are 'advances' and looks back with indulgent antiquarian interest on the pioneer dogmatisms that held sway in the 1920's. It seems to them inconceivable that the science of unconscious psychology should not progress; whereas it is equally inconceivable to some of the older analytical scholiasts that the phenomena of resistance should pass undetected in the field of modern theory.

This at any rate seems to me to be the central issue that arises when working one's way through these selected papers. When I first met Alexander in the early 1920's, he was the blue-eyed boy of the Berlin society who had rapidly acquired a reputation for his theoretical and clinical gifts. His first theoretical effort, *Metapsychologische Betrachtungen*, was hailed as a masterpiece of virtuosity; equally so his clinical contributions on the castration complex and the neurotic character. He was in fact regarded as one of the pillars of classical psychoanalysis. Forty years later his name occurs with increasing frequency in lists of 'neofreudians'. As recently as 1962, Birnbach (2), whilst at first ready to admit that Alexander's membership of the neofreudian group is perhaps 'the least certain of all', ends by placing him squarely in the list. On the other hand, Alexander himself has several times been at pains to dissociate

himself from neofreudian thinkers; and it must be conceded that his review (1940) of the work of that archneofreudian, Karen Horney, is on the whole a model of classical polemic. It is inevitable therefore, and indeed highly necessary, that the psychoanalytic reader make up his mind on the matter, at the same time deciding whether Alexander's own contributions constitute an advance on or a retreat from established freudian principles.

But what are the established principles of psychoanalysis? In a much neglected classic (5), T. W. Mitchell, one of the wisest and most fair-minded British psychologists, maintained that whoever accepts the concepts of the unconscious, of infantile sexuality, repression, conflict, and transference is entitled to the designation 'psychoanalyst'. Per contra, ask a British Kleinian what is the hallmark of a psychoanalyst nowadays, and you will no doubt be told that he must at least believe in, discover, and analyze in his patients a three-to-six-months-old 'depressive position', to say nothing of paranoid-schizoid phases: '... in a successful Kleinian analysis', says Money-Kyrle (6), 'the defenses against the depressive position are analyzed to make it again manifest'. Were he still alive, Brill would certainly have voted for Mitchell's criteria: did he not say in 1944 (3) that psychoanalysis was 'practically speaking a finished product when I became acquainted with it' (i.e., in 1907)? To be sure, one must distinguish between psychoanalysis as a dialectic and as a collection of therapeutic rules. Even so, pronouncements like that of Brill are calculated to raise a puzzled frown on the brows of our forty-year-old colleagues born about the time Freud first adumbrated the structural and dynamic aspects of the superego. Setting aside these emotional valuations, let us see how Alexander's selected papers fare when passed through Mitchell's grid.

At first sight they would appear to pass the test with flying colors, for Alexander certainly accepts the concepts of the unconscious, of infantile sexuality, repression, conflict, and transference. Was Mitchell then too easygoing? Alexander is at pains in this book to underscore what he asserts are advances and reorientations; in short, improvements in most quarters of the classical psychoanalytic field. To arrive at any reasonable conclusion in the matter, we must fall back on the dichotomy of theory and practice, dealing separately with the two sections, and in the case of the present collection of



papers, making due allowance for the chronological development of the author's ideas.

Of the five criteria suggested, two at least need not detain us. Alexander accepts freely the concepts of repression and the dynamic aspects of the unconscious. With regard to the closely related concept of unconscious conflict, he also maintains on the whole the classical analytic approach. To be sure he amplifies this with the notion, advanced quite early in his writings, of a 'corrupt bargain' between the id and the superego in which by accepting punishment the id purchases a certain freedom of gratification, an anthropomorphic conception which he later modifies (or amplifies, according to the reader's taste) in two respects: first, by the emphasis he lays on the instinctual aspects of conflict; second, by substitution of the concept of 'ego functions' in place of 'more statically conceived structural compartments of the personality'.<sup>1</sup> These later formulations are essentially metapsychological ventures and do not alter the fundamental concept of conflict. It has always been desirable to extend the clinical scope of conflict in terms of dynamics, structure, and economics and, so long as the formulations can be supported by or throw light on clinical data, the practice justifies itself. Needless to add, Alexander is very ready to support his ideas with illustrations gathered and hallowed in the analytic consulting room.

To a strictly limited extent the same comment might be made regarding his views on infantile sexuality; but while in the clinical sense he continues to support the multiphasic nature of pregenital sexuality, culminating in the oedipus complex, this is overlaid by theories of instinct which go beyond metapsychological elaboration to enter the realm of psychobiological speculation. The result is clearly indicated in the introduction to this book when he says of himself, '... the author gradually moved away from the original libido theory. Instead of operating with two qualitatively different instincts—sexual and nonsexual—he found it more adequate to differentiate sexual from nonsexual impulses by the degree of their participation as organized components in the goals of the total personality.' And again later: 'Every gratification of an impulse has an erotic character if it is performed for its own sake and is not

<sup>1</sup> Incidentally, the very term 'ego function' involves structural as well as economic concepts as also does the term 'personality'; and what after all is a 'stable personality' but a static concept?

subservient to the needs of the organism as a whole. . . . if this statement is correct we do not need two kinds of instincts of different quality'. In other words, 'sexuality in all its multiple manifestations [is] a special form of discharge of any impulse'. It is 'the expression of a surplus excitation within the organism which it is unable to relieve in other ways. . . . *the erotic value of an action is inversely related to the degree to which it loses the freedom of choice and becomes coördinated* [italics added], subordinated to other functions, and becomes a part of an organized system of a goal structure'.<sup>2</sup>

All this leads back to a fundamental biological speculation traceable originally to Ferenczi (4). 'Energy which is not needed to maintain life', says Alexander, 'I call surplus energy. This is the source of all sexual activity. . . . In spite of retention in the form of growth, there is still much surplus energy neither stored nor used to maintain existence. The residuum is released in erotic activities. . . . The so-called pregenital manifestations are connected exclusively with the process of growth . . .'.<sup>3</sup>

At this point those psychoanalysts who have taken the trouble to familiarize themselves with the theories of Jung (and in my opinion it is very necessary that some modern psychoanalytic 'advances' be checked by this means) may be led to entertain the horrid suspicion that Alexander's instinctual hypotheses bring him closer to Jung than to Freud. This would be manifestly unfair to Alexander. Although his 'surplus energy theory' resembles in many ways Jung's monistic theory of *élan vital* (Jungian libido), Alexander does not seriously recant, as did Jung, his clinical views of the importance of infantile sexuality and the clinical significance of aggressive impulses, whether reactive or sadistic. Admittedly he has his doubts about the universality of the oedipus complex, believes that it is 'the biological expression of the possessiveness which the little child feels toward the main source of his security and pleasure', and states

<sup>2</sup> Borrowed from Thomas French, the term 'goal structure' indicates the inevitability of using structural images to extend some aspects of mental activity.

<sup>3</sup> It would take us too far afield without adequate psychological recompense to embark on a biological rating of these somewhat actuarial postulates. Anyway we would not get far without much more stringent definition of terms which in their present loose form would seem to beg the clinical question of instinctual differentiation, to say nothing of the relation between individual and phylic life. These and other issues are simply smothered in such phrases as 'the needs of the organism as a whole'.

that 'the significance of certain premature, genitally tinged, sexual interest of the little son in his mother is, according to my experience, overrated' (a view with which Jung, on those rare occasions when he took cognizance of the 'problems' of childhood, would have heartily agreed). But these views are not overemphasized; indeed they are sometimes self-contradictory. He then goes on to say, 'The jealousy aspect of the œdipus complex is certainly *universal* [*italics added*] and is based on the prolonged dependence of the human infant on its mother's care'. Here is no whisper of the cultural selectivity of the œdipus complex which elsewhere Alexander is at pains to emphasize.

Of course he could very well plead that he is as entitled to speculate outside the limits of metapsychological discipline as Freud was to postulate life and death instincts (*eros* and *thanatos*). This is undeniable. In the long run these matters must be measured by their clinical utility, in other words, how far they illuminate the antithesis of love and hate, sexuality and aggression. Indeed, from the clinical point of view, it might well be said that if the concepts of sexuality and aggression had not existed it would have been necessary to invent them, for it is inherently probable that the most important forms of instinctual drive are those which give rise to the most important forms of mental disorder. It will scarcely be disputed that the majority of mental disorders can be traced to crises in sexual and aggressive drives, acting either separately or in combination. In short, when assessing the importance of Alexander's instinctual theory, one might well quote his own comment on Freud's discernment of the repetition compulsion: '... such a concept is an abstraction and has but little to do with the understanding of the emotional problems of patients'.

At this point we are left an uneasy prey to lurking suspicions. Is Alexander a freudian, a neofreudian in the constructive sense, or a *ci-devant* freudian? Perhaps as in many similar ideological dilemmas the proof of the pudding is in the eating. Let us therefore consider what light can be thrown on the subject by an investigation of his technical devices and conceptions.

At first blush Alexander's views on transference and the transference neurosis are in the classical sense beyond reproach. Indeed, in the case of the transference neurosis, he is more royalist than the king,

or at any rate more positive than those weather-beaten analysts who, while recognizing characteristic transference neuroses during the treatment of the transference psychoneuroses, are more sceptical about their appearance during the treatment of the psychoses, of perversions, and of a large proportion of character disorders. Either Alexander has had a remarkable capacity for inducing transference neuroses in his patients, or he has rated as transference neuroses some of the manifestations of floating (spontaneous) positive and negative transference which might be manifested also in such other of the patients' contacts as endure for more than a few weeks or months at a time. When, however, one comes to assess Alexander's later theories of the processes of psychoanalytic 'cure', one reason for his insistence on the transference neurosis becomes clear, namely, his concept of the 'corrective emotional experience'. The essential point in psychoanalytic therapy is, according to Alexander, not or not so much the development of the transference neurosis as the fact that it is experienced emotionally in a therapeutic setting, which at least dilutes its infantile content and in successful cases enables the patient to correct it. There is of course nothing new in the concept that the expectant and receptive attitude of the analyst to both positive and negative transferences has a modifying effect on fixations to early experiences. Strachey, for example, would regard it as a mutative influence based on a new introjection permitting an ultimate effective interpretation and resolution of the patient's symptom-formations or constellations. What Alexander does is simply to embody his theory of cure in a special transference caption. In other words he begs the question of processes of cure by maintaining that when they occur they are corrective. When they cure they are curative! Therefore the term has no special virtue.

But the matter does not end here. Alexander, amplifying his concept of the corrective experience, maintains that the attitude of the analyst can be regulated and dosed in such a manner that correction is more immediate and effective. Here we have a vital issue which can be expressed in one or other of two questions, viz., can countertransference be exploited as a form of psychoanalytic technique; or is there any fundamental difference between deliberate technical maneuvers calculated to modify the reactions of the patient and the unconscious countertransferences of the analyst?

Alexander is himself aware of possible confusion arising from the



policy of quantitative and qualitative variations in the classical procedure and agrees that many experienced analysts will regard them as 'dilutions' of the classical technique. This he feels might apply with particular force to his attempts 'to put a brake *from the beginning of treatment* [italics added] on the regressive dependent component of the transference'.<sup>4</sup> This is effected by 'well-timed reduction of the frequency of the psychoanalytic interviews and well-timed shorter or longer interruptions'. The issue here is clear enough and again can be put in the form of a question: is there any fundamental difference between deliberately dosed countertransference and the forms of short psychotherapy beloved of general psychiatrists? Alexander leaves us in no doubt as to his own opinion. He says, 'As long as the psychological processes *in the patient* and the *changes* [italics added] achieved by these processes are of a similar nature, it is not possible to draw a sharp dividing line between psychoanalysis proper and psychoanalytically oriented psychotherapy. The only realistic distinction is the distinction between primarily supportive and primarily uncovering methods.'

He does not, however, stop here. 'Psychoanalysis and dynamic psychotherapy', he maintains, 'have the corrective emotional experience in common', and are presumably therefore of a similar nature. The effect of this pronouncement is not hard to detect in the writings of latter-day practitioners. Saul (7), for instance, following in Alexander's footsteps or, as he says, following 'the principle of greatest economy', maintains that, given the necessary experience and appropriate selection of cases, analysis can be effected on the basis of three, two, or even one session a week. Szurek (8), apropos shortened psychoanalysis, tells us that '... if the analyst is generally or is becoming more and more of a psychoanalyst with the particular patient, then his work cannot be other than psychoanalytic'. Obviously there is no time to lose. We must hasten to re-examine the basic criteria of psychoanalytic therapy; else we may soon see a complete flattening of the distinction between analytic and nonanalytic 'uncovering' therapies, a contingency that would no doubt be welcomed by most general psychotherapists.

The hardy pioneers of psychoanalysis entertained no doubt

<sup>4</sup> One is irresistibly reminded here of Klein's habit of early interpretation, as for example, the explanation of the 'primal scene' on the first day of analysis (Cf. Money-Kyrle, *op. cit.*).

regarding this matter. Ernest Jones was accustomed to say quite bluntly that the only two forms of psychotherapy were psychoanalysis (by which he meant the classical technique) and suggestion (in which countertransference is employed in one way or another to induce positive rapport). This is an old story. In the early twenties a battle royal raged round Ferenczi's suggestions for an 'active' technique, the essence of which was that the analyst at certain times, usually in the latter half of an analysis, abandoned his expectant and receptive role to issue fiats on various matters of conduct. Ferenczi thought these maneuvers would accelerate the emergence of repressed content and mobilize unconscious conflict. After a good deal of heated discussion, this practice was pretty generally tabooed on the grounds that, by overstepping the normal limits of analytic countertransference, it produced a refractory and insoluble rather than an ameliorative transference neurosis.<sup>5</sup> Freud said the last word on the subject when apropos termination he maintained that the best way to carry through an analysis was to practice the technique (by which he meant the classical technique) correctly.

Whether Alexander is fully aware of it or not, he has reawakened this old issue for it can be argued that his quantitative and qualitative manipulations of the transference situation are simply milder forms of Ferenczi's active therapy and exceed the limits of pure analytic practice. Granted that the old concept of presenting a 'blank screen' to the patient may have been reduced to absurdity by many psychoanalysts, the fact remains that *deliberately adopting special attitudes and time restrictions for special cases changes the character of therapy in these cases, converting it into a form of rapport therapy*. This may indeed have excellent results. What form of psychotherapy cannot produce its quota of excellent results or, for that matter, condign failures? It may indeed be the only alternative in cases which are inaccessible to the customary technique. The important issue cannot be burked. Do such practices constitute psychoanalytic therapy or are they simply forms of rapport therapy?

Alexander, it must be said, is in no way abashed by this theoretical and practical dilemma. In his view the blank screen policies of

<sup>5</sup> The countertransference nature of these suggestions became apparent when, toward the end of his professional life, Ferenczi rescinded his earlier position, recommending as a therapeutic device open manifestation of positive countertransference (in short, countertransference 'love').

classical analysis are 'highly studied attitudes'. Why not, he argues, expand the principle of selected attitudes? It may be countered that blank screen policies are intended to reduce as far as possible the complications and risks arising from more personal manipulation of the analytic situation. No doubt it is impossible to eliminate factors of countertransference by even the most careful observance of 'neutrality'. It can be argued that, in spite of the utmost care to avoid inducing transference reactions, the outcome of an analysis may be determined in the first few interviews by the activation of early and barely accessible transferences. The issue however still remains: shall we purposely seek by manipulating the countertransference to *manipulate* rather than to *analyze* the transference? If we do, are we entitled to regard the proceeding as coming within the scope of psychoanalysis? Alexander thinks that we are so entitled; for although he concedes that 'only time will decide the *practical* [italics added] usefulness of these variations', nevertheless, '... one thing is certain: the mere repetition of routine—and the rejection of new suggestions as a threat to the purity of psychoanalysis—can lead only to stagnation'.

This is a point of view which he applies not only to technical variations but to most of his amplifications or emendations of classical theory. Here we cannot do better than quote his own comments on the validity of the view that he is a neofreudian, in the more pejorative sense of the term. 'That sometimes I also seem to be included in this group comes from the fact that I, too, recognize the need for re-evaluation of cultural factors in personality development and share the views of this group concerning certain gaps in traditional psychoanalytic formulations.' Here I think Alexander does himself less than justice. Whereas he frequently refers to this tendency in his psychoanalytic thinking and in certain cases specifies the situations in which cultural factors seem to him to be decisive (e.g., in the development of the oedipus complex and, in the case of certain types of crime, the social consequences of blocked opportunities for pioneering adventure caused by the closing of frontiers in America), and whereas he sets his signature to the generalization that 'parental attitudes themselves are strictly determined by cultural factors', he castigates the neofreudian in general and Horney in particular for neglecting the importance of emotional factors in the familial development of the child. The truth seems to be that when Alexander speaks as a clinician interested in etiology, he is as



thoroughpaced in his assessment of the endopsychic factor as any classical freudian, but when he is seduced by the attractions either of psychobiological thinking or of social science, he tends to abandon his clinical allegiances in favor of loose psychosocial (preconscious) generalizations. Alexander clearly enjoys his incursions into psychobiological speculation. He enjoys equally, as indeed do many classical analysts, venturing on the uncharted seas of social speculation, where he feels free to underline those more sophisticated (complex preconscious) derivatives of fundamental conflicts which are not so obvious in the consulting room except as a form of resistance. No doubt it is true that psychoanalysts have in the past neglected the detailed study of preconscious factors, leaving these to the untender mercies of the descriptive psychologist and his laboratory techniques. No doubt they have not pursued their sociological studies to the point where the precipitating factors in group events can be isolated, leaving these to the myopic (preconscious) vision of the sociologist. This may be due to a prior interest in primary processes or to a conviction that between biological tendencies and precipitating factors lies an endopsychic territory which no rational sociology of motive can penetrate. But to omit or minimize these fundamental patterns is no answer to the problems of group psychology. In point of fact Alexander gives his own case away, when in the very paper (1) in which he deprecates the wholesale application of individual factors to group manifestations, he ends by underlining precisely these factors.

We need not, however, take too seriously these re-creative exercises in the psychosocial sphere. Sufficient for our immediate purpose is the fact that Alexander has never, or practically never, allowed himself to disown the *clinical* findings on which psychoanalytic theory has been based from first to last. As a matter of opinion I think it would be unfair to determine Alexander's professional status on the strength of his theoretical predilections. On the whole they are either excursions into psychobiological metaphysics or paraphrases of already accepted analytical generalizations in the idiom of psychobiology. Admittedly they are more readable than many recent attempts by classical analysts to expound metapsychology. For in this genre Alexander is an undisputed master.

What Alexander, nevertheless, does in his ambitious attempt to merge psychoanalysis with 'dynamic psychology' is to throw the whole problem of psychoanalytic technique into the melting pot.



Some confirmation of this assessment can be obtained by studying the final section of these selected papers where he deals with the teaching of psychoanalysis. In these more recent papers (1947-1961) what he has most at heart is the *Gleichschaltung* of what he considers to be simply specialized aspects of psychotherapy which, in his opinion, have existed too long in arbitrary opposition. To be sure, nothing could be more praiseworthy than a crusade in favor of flexibility as opposed to petrification of method, or for that matter, petrification of the theories on which method is supported. His plea for teaching theory by the technique of the clinical seminar has a lot to be said on its behalf; however, it can be argued that flexibility in both psychoanalytic theory and practice has in the past been a frequent preamble to abandonment of basic principles. As a matter of fact, Jung used to advance the criticism of petrification (or obsession) to support his abandonment of everything fundamentally valuable in psychoanalysis. No doubt this view was shared by other spectacular schismatics—Stekel, Adler, Rank—not to mention the modern deviants many of whom retain their membership in psychoanalytic societies. Under these circumstances it seems essential that students be thoroughly grounded not only in the basic principles of psychoanalysis but in the basic *differences* rather than *identities* in various psychological systems. If one confines oneself to the (pre)conscious aspects of mental activity, it is easy enough to establish identities between methods. The acid test of an analytic approach lies, however, in the correlation of these factors with primary processes. In short, in this concluding section of his selected papers, Alexander is careful to defend himself against the imputation that he is a dynamic psychologist rather than a freudian. Indeed, were it not for the fact that defendants have a prescriptive right to defend themselves, Alexander's diatribes on the subject of fixed teaching might well be considered as a valid illustration of the slogan of reaction-formation: *qui s'excuse, s'accuse*.

All in all, it is no easy task to assess Alexander's existing status. I think he is, theoretically speaking, on balance a neofreudian but whether in the constructive or the pejorative sense must be left to the predilections of the reader. From the clinical point of view, the situation can best be described by saying that as a diagnostician, an etiologist, and a prognostician he is a classical freudian; but that as a therapist he is a neofreudian to the extent that it is his deliberate

policy to merge the techniques of general psychotherapy with those of psychoanalysis or vice versa. He is in short the *doyen* of those psychoanalytically oriented psychotherapists who seek to combine psychobiological and cultural forces and to harness them within the framework of consulting room techniques.

It remains only to pay a thoroughly deserved tribute to the services Alexander has rendered psychoanalysis, abundant evidence of which is to be found here as well as in his other publications. A skilled dialectician with a nose for metapsychological problems, a careful clinician with an unusual aptitude for developing research techniques, and a fluent writer with a strong didactic bent, he boxes both theoretical and clinical compasses in this survey of the scope of psychoanalysis. It is indeed an intriguing thought that in his polemic against the standardization of teaching and in his plea for flexibility in approach and receptivity to new ideas, Alexander displays a didactic yearning which, if fulfilled, would simply add to the standardized teaching of psychoanalysis. In short, whether he is a neofreudian or not must be left to the critical judgment of analytic societies or their research committees whose manifest duty it is to survey and evaluate from time to time the accretions to psychoanalytic theory and practice.

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## BOOK REVIEWS

THE EXPERIENCE OF REALITY IN CHILDHOOD SCHIZOPHRENIA. Monograph Series on Schizophrenia No. 6. By Austin M. Des Lauriers, Ph.D. New York: International Universities Press, Inc., 1962. 215 pp.

Many psychiatrists and psychotherapists who work intensively with psychotic children wonder about the effectiveness of their efforts. It is true that changes occur which may be observed by the environment as well as by administering psychological tests. Most workers, however, feel that even in those cases where a favorable change can be noted, the diagnosis remains unchanged. Frequently such changes are not sufficient to enable psychotics to function adequately in society, either during childhood or in later years. It is therefore a refreshing surprise to find an author who sees not only a change in functioning of his patients but also a change in diagnosis. Des Lauriers explains here a definite and concise treatment program by which he achieves this.

Each therapist has his own individual approach, doubtless based on his theoretical convictions. In working with a psychotic, the person of the therapist enters more into the treatment picture than in work with a neurotic, whether the therapist be an analyst, a psychologist, or a social worker. In working with children, this is true to an even greater extent.

Out of the total complex symptomatology of the schizophrenic patient, Des Lauriers places the relationship to reality in the center of his approach. He has read an impressive amount of literature on the subject, especially by psychoanalysts. He finds specific support for his thesis in the work of Paul Federn, particularly in Federn's thoughts on ego boundaries. In a book of two hundred fifteen pages, the bibliography requires thirteen pages. However, the author uses the literature solely to substantiate his view on reality testing.

Des Lauriers quotes Freud's view that in psychosis the conflict is between ego and outside world. Although this is so in classic psychosis, the pathogenesis of the psychoses, also according to Freud, is much more complex. Moreover, since Freud wrote this, the concept of psychosis has undergone many changes and still is

in a state of flux, especially since the introduction of such concepts as borderline schizophrenia and schizophrenic character.

The author deals with the problem of reality testing and its relation to body ego and self-representation in an oversimplified way. Writing of the relation to reality and the patient's experience of it, Des Lauriers emphasizes the lack of boundaries of the body ego in the schizophrenic patient. Many authors, including this reviewer, understand this to evolve as a result of insufficient differentiation between ego and love object, between self and nonself, conscious as well as unconscious. Des Lauriers does not mention this aspect and its ramifications. He deals only with the establishment of ego boundaries on a conscious level and, according to him, this results in a cure of the psychoses. He supports this thesis by quoting fragments of psychological test reports.

His work with psychotic patients consists of a deliberate intrusion on the patient. Some patients react to this intrusion with hostility. Des Lauriers then responds with a simple retaliation; for example, if a withdrawn patient is not willing to be with him, he will insist and may resort to a physical encounter, such as pushing and pulling. When an adolescent girl bit his finger in such a physical encounter, he slapped her face. From then on the relationship was established. The same thing happened when a boy urinated over him. Des Lauriers slapped the boy's thigh. But he then also interpreted that the boy was angry at him.

Contrary to what the reader is led to expect by the title of this book, Des Lauriers describes only adolescent patients. They had been patients in a state hospital for prolonged periods prior to Des Lauriers's treatment. Unfortunately, we have no anamnestic data on them, nor a description of the course of treatment, even if it was only environmental, in the hospital before and during therapy. The author describes his initiation of the treatment in detail and his method of working at length in one case. What stands out is the emphasis on simple, concrete facts and an avoidance of discussing motivations with his patients. Wherever he can, Des Lauriers will talk about dry facts, such as dates, age, the day of the week, who is older, or who is a man or a boy, and drill his patient in learning such facts. The reader finds occasional observations on his patient, such as, 'He acts more paranoid', or 'He is relieved that I am not angry at him'. However, for the most part Des



Lauriers avoids discussing this with the patient but guides the patient's attention to the simple facts of everyday life. For example, when the doctor goes on vacation, he does not discuss with a patient the latter's resentment about being left and the fear of loss of his love object, but merely tells the patient that he will be gone ten days and has him repeat the date of return until the patient knows it by heart.

After the therapist has forced himself on the patient, his treatment is geared to a conscious realization of the body ego, to establish ego boundaries, along the lines of: This is me. You are you. This is your right hand; this is your left hand. You are a girl. I am a man. I am older than you.

The aforementioned boy, who most of the time took out his penis and wanted to urinate over everybody and everything, was not given a chance because Des Lauriers kept throwing objects at him. These the boy had to catch fast, which prevented him from urinating. At the same time the doctor would describe the hands, whose hands, the act of catching, and so on.

It is interesting that Des Lauriers mentions a striking change in his cases on the projective tests after nine months of treatment. Is this a fantasy of rebirth? The improvement is not described minutely in a clinical progress report. However, excerpts of psychological tests on a comparative basis are added. In the experience of this reviewer, especially with adolescents, discrepancies between the clinical diagnosis and projective test findings are frequent, and test results cannot be regarded as a reliable diagnostic criterion.

The author treated his patients for several years, and undoubtedly shifts did take place on many levels, thanks to the therapy. However, Des Lauriers underestimates the importance of the steady relationship which he had established with his patients.

We know that in child analysis the analyst, beside being a parental figure in the transference, is also a real friend and a real love object. Since the psychotic patient is fixated at or regressed to infantile levels, the therapist must adapt himself to these levels. Therefore his work with adult psychotics has many similarities to work with children. The fixation and regression of such patients should not be regarded as over-all or total. The various ego functions and the multiple aspects of the object relationship show in-

dividual regressions to deeper or less deep levels of fixation, and some show none at all. The therapist, consciously as well as pre-consciously, assesses each of these and establishes his relation to the patient accordingly. Thus in treating psychotic adult and adolescent patients the therapist also enters much more into the relationship, beside being a transference figure. This in turn determines the extent and the kind of personal involvement required in the treatment relationship.

It is this reviewer's opinion that the intensity of regression and fixation of the object relationship is crucial in the assessment of the psychotic illness. The level of maturation of object relations hinges on the libidinal development and the degree of development of the autonomous ego. Reality testing is one of the most important ego functions and the most precise indicator of psychological health or sickness.

One welcomes the emphasis on reality testing in the treatment of psychotics. Des Lauriers's account of his work is impressive. Unfortunately it leaves many questions unanswered, because the accounts are so sketchy. The excerpts from the treatment are chosen to illustrate the handling of simple realities, and therefore one does not gain an understanding of the dynamics of the therapeutic process in the patients.

In spite of these criticisms, this book should be read by all who work with schizophrenics. The author drives home his point about the importance of a forceful confrontation of the patient with the person of the therapist, and the reality of their bodies and their immediate environment, with the same intensity as he forces contact with his patients. Just as the patient is impressed, so is the reader. Since there are so many limitations in working with schizophrenic patients—adults, adolescents, or children—it is important to keep Des Lauriers's technical approach in mind. It has a definite place in the handling of certain patients at certain moments. The treatment plan—to deal only with immediate, concrete reality in the case of withdrawn patients—seems sound. How to approach this is a choice of the individual therapist. This reviewer has misgivings lest some imitator of Des Lauriers's technique should establish a therapeutic alliance based on the acting out of sadomasochistic fantasies.

THE WIDENING WORLD OF CHILDHOOD. PATHS TOWARD MASTERY. By Lois Barclay Murphy, et al. New York: Basic Books, Inc., 1962. 399 pp.

How the average child, who is not fated to become a seriously disturbed adult, handles the inevitable problems of maturation becomes increasingly subject to intensive study. Lois Barclay Murphy, from the study of thirty-two children, here presents a wealth of observations on the behavior of the preschool child in situations of stress. The children she describes are typical, the situations those any child may face, and the reactions are familiar to anyone who has contact with other than severely disturbed children. Her empathic and clear description of their responses under comparable circumstances offers a panorama in brilliantly distinctive coloring. The book contains many excellent vignettes which refresh the reader's knowledge of the various patterns of child behavior. They also offer teaching material to balance against that so frequently drawn from records of severely disturbed children. The vignettes should sharpen diagnostic acumen. The particular response of several of these children to the episodes described could also be found among the severely neurotic or psychotic; Dr. Murphy's children are neither. The result of the child's attempt to cope with the disturbing situation, not his immediate response, appears to be the answer to the diagnostic question.

The theoretical discussion is stimulating. The author sees in her findings a new facet of the multisided gestalt of human psychology; to the term 'mastery', an aspect of psychological responses that has been stressed by several writers, she prefers the concept of 'coping'. She states, '... the study of coping puts the emphasis on the process of developing ways of dealing with new and difficult situations. Once such methods are consolidated, competence or mastery may result.' During this process, among other significant developmental steps, the adaptive and defense mechanisms take shape or are re-enforced. Coping is a basic, inherent response of the average child to a new situation; it is not a defense mechanism per se but has a positive goal which is, when achieved, rewarding in itself.

We must understand Dr. Murphy's use of such terms as 'aggressive' and 'passive' if we would evaluate her tentative conclusions. For example, she implies the possibility that there is a relationship

between her concept of 'active' patterns of response and an aggressive drive, but then equally implies a doubt that there is an inherent aggressive drive because she does not see hostility or destructiveness in the infant's activity. Different interpretations of her evidence are possible; understanding of the small child is still in its infancy. This book provides enough case material to permit others to speculate; it also presents a theory of psychological maturation and development of the child that seems important.

The organization of the book makes for rather difficult reading. Names of children are used with the assumption that, having met the child a hundred pages earlier, the reader is as well acquainted with him as is the author. It is hard to know how this could be avoided. Perhaps the only answer is that this book, in spite of its deceptively simple vocabulary and style, is not to be skimmed but rather to be studied.

IRENE M. JOSSELYN (PHOENIX, ARIZ.)

THE FUTURE OF PSYCHIATRY. Edited by Paul H. Hoch, M.D. and Joseph Zubin, Ph.D. New York: Grune & Stratton, Inc., 1962. 271 pp.

Sixteen essays and six discussions by twenty-three contributors from various fields comprise this book. The venture into prophecy is the central and unifying purpose of the symposium; it arises from the challenge to the essayists by the editors to enter thoughtfully into the science fiction of psychiatry. Interdisciplinary collaboration is emphasized; one curious theme is the insistent questioning of the future of psychoanalysis, which seems to be considered doubtful.

The papers by Rioch, Kallmann, Bender, and Lewis are outstanding reviews of basic research that lends excitement and promise to what lies in store for psychiatry. However the explicit predictions are not so imaginative as might have been expected from the advances reported. Basic research in neurochemistry and neurophysiology is well recounted and need not be recapitulated here. Though it is not possible to list all the predictions made, some of them we should discuss.

Kallmann tells of the genetic research on mongolism and sex deviations and predicts that research at the molecular and chromo-



somal levels may unravel many psychiatric mysteries. Gottlieb is convinced that biochemical research will soon be able to isolate and identify those factors in plasma that are active in the production of schizophrenia, and that enzymes affected by a factor in the serum of patients with schizophrenia will be demonstrated. He believes that the schizophrenic is not able to form and efficiently utilize his biologic energy. The neurophysiologist, Evarts, is more conservative as he points out that there is no dearth of neurophysiologic theory, all far from adequate, and that it will be necessary for discovery to precede more satisfactory theory. He also suggests that more refined analytic techniques are needed for correlation of the complex data. Hoch, psychiatrist and coeditor of the book, is less hopeful that biochemical research will permit easy correlation between the observations on functional disorders and those on serum factors. Waelsch, the neurochemist, suggests that the biochemist will be able to describe the biochemical aberrations but will be unable to translate them into functional terms since the psychiatric maladies do not express themselves in biochemical terms. He predicts that the properties of macromolecules will occupy biochemists for many years. He also speaks of the attempts to show that the storage of information is related to the metabolism of neuronal proteins and nucleic acids. The conservative position is also represented by Marrazzi who predicts the development of new laboratory techniques and analysis that will permit study of the physiological and chemical activities of the synapses.

Some of the essayists, despite awareness of the differences between behavioral and physiological concepts, work in essential recognition of the unity of the organism without becoming involved in the mind-body dichotomy and use appropriately the observational data and ideas of both physiology and behavior. Rioch, for example, states that physiology and psychiatry are different observationally and conceptually, and that present physiological knowledge cannot bridge the gap between them. Yet he predicts that there will be improved methods for modifying certain symptoms and a beginning made on investigation of the mechanism of memory. He does not expect a simple solution to the problem of mental illness.

Lauretta Bender and Nolan D. C. Lewis, like Rioch, integrate and give proper weight to functional and organic hypotheses. How-

ever, some of the essayists, including most of the psychologists, stray from science into social reform and cultural manipulation.

Sandor Rado, wishing to construct a medical psychodynamics from physiologic and dynamic concepts, interprets Freud as having, in 1905, abandoned (with his 'arbitrary expansion of the concept of sex') medical and scientific theories for speculative and magical ones. Objecting to all the metapsychological developments, especially those of *The Ego and the Id* and *Beyond the Pleasure Principle*, Rado proposes that dynamic concepts be understood in terms of systemic interactions with the environment. His redefinitions of analytic terms, especially the ego, are of interest; he seems partially to incorporate some analytic concepts and reject others without adequate justification, and the biological basis of analytic thought is implicitly negated by the assertion that the 'adaptation psychodynamics' is a physiological system. He also seems to imply that analytic psychology is mystical whereas his substitute is psychological. As usual, Rado rejects infantile sexuality. Hoch finds Rado's bridge between physiologic and psychologic concepts semantic and hence unsatisfactory.

Kenneth Appel attempts to evaluate psychoanalysis as a cultural phenomenon, but does so without explicitly examining it. He raises questions concerning the length, cost, and efficacy of analytic training and therapy. He calls for more careful examination of analytic theory, and asks 'whether classical analysis which may require three to five years in its execution, is not cultivating a noncritical adherence to some established doctrine and becomes rather deadening to scientific and intellectual growth'. He predicts that in fifty to a hundred years psychoanalysis will have a much closer relationship to other scientific disciplines.

Paul Meehl's logical and useful analysis of the concept of purpose leads to his conclusion that psychotherapeutic efforts must be directed toward 'response strengthening' and 'shapening through positive re-enforcement', for example, by setting tasks. He suggests that some therapeutic failures may not be due to seeking or avoiding but may be the result of some repetitive state, a thoroughly overlearned, massively conditioned state of the central nervous system. His moral is that analysis of drive is insufficient for the understanding and the therapy of neurotic illness. Whether the technical devices he advocates are relevant to his argument about

the concept of purpose must be carefully evaluated; and certainly the ways in which the techniques may or may not be applicable to psychotherapy and psychoanalysis must be thoroughly analyzed and probably differentiated, as does Kurt Eissler in his considerations on parameters. John A. P. Millet applauds Rado and Appel for 'some well-taken criticisms of the freudian metaphysics and the authoritative methods by which the supposedly proven truths of certain theoretic formulations have been handed down from teacher to pupil through the traditional psychoanalytic institutes'.

It must be pointed out that Appel's criticisms are essentially directed toward the cultural impact of analysis, while Rado's substantive arguments and criticisms are a play on words. This reviewer believes that the criticisms of Appel and Rado are not directed at the theoretical structure and observational data of analysis but are constructed out of the same sources of misunderstanding that lead to the misapplication of psychoanalytic theory by those who are being chided by Rado, Appel, and Millet. Millet believes that the future of analysis lies in its absorption into programs of general psychiatric training in hospital and university, that nonmedical psychoanalysts will swarm over the social scene, while the economic benefits to analysts will diminish, and the results of analytic therapy will become more correctly evaluated by the 'suffering public'. The fallacy that psychotherapy is the function of anyone who has had a personal analysis will be widely accepted, medical psychoanalysts will be sought out as heads of departments of psychiatry, and they will re-evaluate psychoanalytic theory and engage in collaborative research.

Funkenstein and Farnsworth are ready to apply what psychoanalysts know to the task of changing the attitudes of society. They wish to achieve early diagnosis of mental illness by extensive psychological testing in schools; they emphasize prevention and predict that mental health clinics will become part of the schools of all levels since the educational system is the most important place to attack mental illness. They predict the types of training and functions of psychiatrists as the preventive program spreads. Their mixture of social reform and preventive psychiatry contains an inherent morality difficult to reject but not to be accepted without scepticism. It is doubtful, for example, that teachers can be trained toward maturity by the program suggested, and it is an even more

doubtful concept that teachers need to be 'mature' in order to provide adequate identificatory figures for special groups such as deprived orphans. Mental health, which the authors wish to attain by their program, is certainly a commendable goal and the definitions and methods of achieving it advocated by Funkenstein and Farnsworth are morally laudable but oversimplified. Many considerations are neglected and we must be at least a little sceptical of their program.

VICTOR CALEF (SAN FRANCISCO)

VALUES IN PSYCHOTHERAPY. By Charlotte Buhler. New York: The Free Press of Glencoe, 1962. 251 pp.

This broad survey of the literature on values in psychotherapy is too cursory, unfortunately, to be instructive to the uninformed. There is, however, a bibliography of one hundred eighty-three titles which should be useful to anyone studying this subject.

Although the author pays lip service to psychoanalytic concepts, the issues are presented in mechanistic terms and the clinical case studies are superficial. Values are seen in exclusively relativistic terms and seem to depend entirely on what best fits in with the patient's drive toward 'self-actualization', whatever that may be. No effort is made to differentiate between values as they emerge in the mature adult in service of the reality principle and goals which are only remotely related to values and are more properly understood in terms of infantile neurosis.

The following case history quoted from the experience of one of Dr. Buhler's colleagues best illustrates the superficiality of the approach to the problem. This case is presented as an instance in which a therapist felt it necessary to express his own value judgments in order to further the therapeutic process. The adolescent patient believed he had seen his father driving with a woman not his wife and proposed to blackmail him.

'Now, from my own value orientation, blackmail is personally repugnant to me, even if it worked! My decision in that particular value situation was to directly express to Mortimer my own feelings about blackmail as well as to explore with him the possible repercussions to this act. I indicated that in my judgment blackmail was



always immature behavior and even if it did succeed in "making the old boy aware" of him, it could never succeed in getting someone to judge him as an adult. His counterargument was that in his world adults frequently used blackmailing techniques to win their point! We ended the hour by my indicating to him that I was one adult who would not re-enforce this (distorted?) perception of all adults—that I wanted him to know how I felt about blackmail—but that I respected his right to judge for himself how he would use the information about his father—if at all.'

One wonders what were the therapist's value judgments concerning the father's lies and infidelities. The author seems to be in the curious position of sanctioning, or at least overlooking, the father's moral lapses while prohibiting, or at least focusing exclusively on, those of the patient. (Other defects in the handling of this hour will be obvious to the psychoanalytically trained reader.)

Much hard work obviously has gone into the preparation of this book, and the author is to be complimented for bringing together the fruits of her excellent bibliographical study.

LOUIS LINN (NEW YORK)

PSYCHOLOGICAL DEVELOPMENT IN HEALTH AND DISEASE. By George L. Engel, M.D. Philadelphia: W. B. Saunders Co., 1962. 435 pp.

It is probably no longer necessary to observe that psychiatry is in the midst of a great revolution. Patients with major mental illnesses who just a short time ago received custodial care only in remotely situated sanatoria are now treated intensively on an ambulatory basis or in general hospitals within the patient's own community. The effectiveness of these new patterns of patient care has been demonstrated statistically. The widely publicized report of the Joint Commission on Mental Illness and Health has outlined a program for expanding these concepts, both theoretically and in their practical applications. All levels of government are providing enthusiastic financial support for their implementation.

What has been the impact of these changes on psychoanalysts? They are leaving the seclusion of couch practice in large numbers and are undertaking positions of great responsibility on the facul-

ties of medical schools and on the staffs of general hospitals. Their presence is having a profound influence on curricula and medical schools and in residency training programs.

Dr. Engel, Professor of Psychiatry and Associate Professor of Medicine at the University of Rochester School of Medicine and Dentistry, is one of the towering figures in this group. He has pioneered not only as an investigator but as a medical educator in psychiatry and psychosomatic medicine. He presents here a distillate of many years of experience as a teacher and provides a document that will be invaluable to psychoanalytic colleagues in their growing responsibilities in medical education.

The book is divided into two parts. In the first, Engel takes up the process of psychological development. Psychoanalytic theory is presented clearly and includes the most recent formulations of basic concepts by Hartmann, Rapaport, Erikson, Spitz, and others. He introduces his student audience to the basic concepts of Piaget; to the findings of investigators of animal behavior such as Tinbergen and Harlow; anthropologists like Róheim, Benedict, and Mead; and sociologic findings concerning the family as described by Kluckhohn, Spiegel, Parsons, and others.

In the second part of the book he presents a unified concept of health and disease, and then focuses on psychological stress as a factor in disease. Under this heading he considers, first, the psychiatric diseases, and finally, the somatic consequences of psychological stress.

Engel introduces his text with a chapter, *On the Use of This Book*. He states at the outset: 'I have prepared this work mainly for medical students and psychiatric residents', and adds, '... the main function of this book should serve to free the teacher to teach'. It is in the hands of a creative teacher that this book will find its richest application. In his discussion of *Teaching Aids in Preclinical Instruction*, he reveals most clearly his special skills as a teacher. His discussion of the use of motion picture films and tape recordings should go far to abolish traditional lecturing as a method of teaching psychiatry.

Psychoanalysts are in the happy position of knowing not only the importance of dynamic psychiatry but also some of the reasons medical students resist study of the subject. The analysts' grasp of motivation in depth and the role of unconscious conflict as a barrier to the learning process may in time lead to more successful psy-

chiatric teaching than has prevailed heretofore, to which end Dr. Engel's book will prove a valuable help.

LOUIS LINN (NEW YORK)

PSYCHOANALYSIS IN GROUPS. By Alexander Wolf and Emanuel K. Schwartz. New York: Grune & Stratton, Inc., 1962. 326 pp.

Recent months have seen the publication of several books on group psychotherapy, among which the present volume is of special interest. It describes the type of group psychotherapy developed by its authors, particularly Wolf.

In the first chapter, concerning method, six phases of group psychotherapy are described. In the first phase, the patient is evaluated by tests and by a varying period of individual analysis which is also preparatory. The second phase, called Rapport Through Dreams and Fantasies, begins with the first group session, at which the patients are asked to recount a recent or old dream, to free-associate to it, and to 'speculate about and interpret the dream'. A peripheral aspect of a patient's problems, fantasies, reveries, or daydreams may be presented. 'The permissive atmosphere fostered by the expression of dreams, fantasies, and critical problems helps the patients develop good group rapport.' During this second phase, group sessions with the therapist present alternate with others without him, frequently at a patient's home. The 'anonymity' preserved by patients' use of first names only is obviously lost by the patient at whose home the alternate sessions are held.

After the establishment of group rapport, the therapist leads the group into the third phase, which 'is controlled by limiting it to the expression of spontaneous, uncensored speculation about other members of the group. . . . It is suggested that if a patient will say whatever comes into his head about another, he will intuitively penetrate a resistive façade and identify underlying attitudes. . . . A patient is requested by the analyst to acknowledge the penetration of a façade if he feels something especially perceptive has been said to him.' The fourth phase of this 'psychoanalysis in groups' arises when 'resistances emerge with increasing clarity . . . defenses are discovered, studied, delineated, and the forces that support them are examined. Finally each member is offered increasing evidence of mutual regard and security in an attempt to break down these de-

fenses . . . the group setting provides a special environment that lends itself to the elaboration of resistive forms peculiar to it.' Resistance is handled as follows: 'Some patients go blank when asked to free-associate about the others. . . . The analyst asks such persons, just before going to sleep at night, to visualize each member of the group, including him, and to project them into imaginative and extravagant conduct. These inventive productions are then reproduced for the group, where they stimulate provocative discussion in the same way as dreams. . . '.

The fifth phase consists of 'identification and resolution of transference'. The analyst demonstrates how 'significant historical features' are projected by the patients upon him and upon each other. In the sixth phase, called Conscious Personal Action and Social Integration, there is 'conscious, methodical sifting and planning of verbalized responses and mutual interests of members . . . a period of intense struggle with one's own transference reactions, when they cannot be justified and conciliated, when insight without acting on it cannot be tolerated, when character change must replace explaining, and when self- and group discipline demands personal reformation. It is a period of working through.'

The remainder of the book elaborates on the material covered in the description of the phases. The clinical examples cited by the authors raise questions whether the verbalizations of the patients really represent emergence of unconscious material, what the state of the transference actually is, and how much the direct influence of the therapist has to do with what is said.

The authors have chosen for their method a most unfortunate term, 'psychoanalysis in groups'. 'Psychoanalysis' properly designates a specific method of treatment of an individual with clearly defined purpose and technique. No such clear definition has been given of the term 'psychoanalysis in groups' either by Wolf and Schwartz or by any other writers who use it. Despite the authors' seemingly technically correct use of psychoanalytic terms, it is not at all clear that their method of group treatment is truly psychoanalytic. Persistent and troublesome questions occur to the reader, e.g., do they truly understand and are they actually working with the unconscious, transference, resistance, and manifestations of unconscious childhood conflicts? It is almost impossible to tell how they use dreams. The authors briefly mention that when the group associates to one pa-



tient's dream, it is this patient's associations that are most significant. Despite this, 'contributions of the co-patients . . . provide additional material to understand the dream and the dreamer'. Their descriptions and use of dreams appear to be focused largely on the manifest content.

This method of group psychotherapy seems to require that the therapist, using psychoanalytic terms and concepts, very actively guide and direct the treatment, even to the point of indicating the kind of 'free associations' the patient is to produce. It appears that the patient is taught, in a rather authoritative way, to handle his conscious ideas and attitudes in accordance with the philosophy of the therapist. Nevertheless, the authors do make some important points. They emphasize the complications in simultaneous individual and group psychotherapy, the difficulties arising when a group of patients is too homogeneous, and the necessity for viewing group psychotherapy as a method of treatment for the individual in a group. However, in long and repeated discussions of the controversial 'alternate session', the authors fail to establish valid reasons for its use and do not adequately describe or deal with the resulting problems. They also fail to make clear, even in the very few clinical examples, how the group functions in this kind of treatment.

The book is actually an expanded and repetitious rewriting of two papers the authors published several years ago. Its major defect is in the writing itself; the style is exhortative and polemic. The authors set forth, often in a most obscure fashion, concepts of other group therapists which they proceed to criticize and attack over and over again. The need for freedom, spontaneity, equality, and other such conditions is emphasized in the most authoritative terms. After reading almost any portion of the book, one begins to understand how a patient in such a group must feel after being commanded repeatedly to give his 'free associations'.

AARON STEIN (NEW YORK)

THE MEANING AND MEASUREMENT OF NEUROTICISM AND ANXIETY. By Raymond B. Cattell and Ivan H. Scheier. New York: The Ronald Press Co., 1961. 535 pp.

The essential claim of this ambitious work is that the failure of psychotherapy to 'achieve a reasonably potent and reliable practice based on explicit scientific principles' will not be remedied until the

terms anxiety and neurosis 'are operationally and meaningfully defined and measurable'. The authors accordingly present a series of measurement devices purporting to settle the questions of defining and quantitating the many variables which they assume determine the intensity of anxiety and neuroticism. Their metric method, they say, 'employs powerful, multivariate statistical techniques to analyze relationships between precise, standard, clinically meaningful measurements'.

This reviewer is not competent to judge the reliability and validity of the statistical methods and conclusions of the authors. Two fundamental issues are, however, of particular interest to the psychoanalyst: are the assumptions and hypotheses advanced about the nature and origins of anxiety and neurosis consistent with psychoanalytic theory? And, assuming that the claims for rating the factors that in the authors' views reflect neuroticism and anxiety are correct, can this exactness throw a new and more penetrating light on the therapeutic process and its outcome?

Part of the difficulty of evaluating this work is a semantic one. Terms and concepts which have a particular meaning in psychoanalytic theory, and have in fact been borrowed from psychoanalysis, are often given a mixed analytic and nonanalytic significance. For example, in discussing anxiety and drive we are told that 'evidence from clinical and everyday observation, from experiments on the higher mammals, and from comparative anthropology strongly suggests that the basic drives in man are several—hunger, sex, fear, self-assertion, gregariousness, curiosity, etc.—and that anxiety is probably only a secondary derivative in some way from experience of the action of these primary drives in certain punishing or depriving situations. Moreover, empirical evidence shows that there are at least nine distinct drives in man and mammals. Therefore, it is hard to see how anyone today can base careful motivation research on the theory that anxiety is the whole motive power in learning or any other activity.' The authors state further that, whereas pre-metric (do they mean psychoanalytic?) theory 'has tended to place anxiety in intimate conceptual relation with the fear drive', they assume that 'anxiety differs from fear, introspectively and presumably physiologically, by being a response to precursory signals of perception of the true fear objects. It is a tentative alerting by cues and symbols rather than by concrete, present danger.'

These quotations are rather typical of the authors' tendency to mix psychoanalytic with Jungian, Adlerian, and behaviorist concepts. They make no distinctions between the biological matrix of the drives and their psychic representatives. To lump together as drives such items as sex, fear, and curiosity obscures the unique factors of psychic determinism that were defined by Freud. It seems, furthermore, to be both a limitation and a distortion to define anxiety, not as a response to danger, but as a response to perception of 'fear objects'. One can only reply with Freud's statement of the problem: '. . . what is the function of anxiety and on what occasions is it reproduced? The answer seems to be obvious and convincing: anxiety arose originally as a reaction to a state of *danger* and it is reproduced whenever a state of that kind recurs.' There is no need to recapitulate Freud's analysis of the relation between the phases of development and the changing structure of the danger situation.

Little consideration is given in this book to the significance of the phase specific danger situations for effective development of the ego's defense functions, for the adaptive role of symptoms, and for the whole problem of neurosis viewed in structural terms. It would be unfair to the authors to imply that they ignore these issues completely. They do speak, for example, of 'some correlations between anxiety level and measured ergic tension level', in which 'ergic tension' refers to the tension resulting from unsatisfied drive of any sort'. They also refer to ego weakness (although it is not adequately defined) and to 'superego strength or guilt proneness' as factors which determine the source and intensity of anxiety.

Nevertheless, their heaviest emphasis is on anxiety derived from fear of punishment and they make no effort to correlate the severity and extent of the neurotic process with the situation of danger that corresponds to a particular stage of development of the psychic apparatus. Instead, the authors end up with a list of neurotic traits and symptoms that are presumed to measure the degree of neuroticism. They advance such factors as 'low ego strength' (represented by maladjustment and dissatisfied emotionality), 'excitability' (mind wandering, restlessness, impotence), 'desurgency' (depression), 'coasthenia' (fatigue, obstructive independence), 'naïveté' (undisciplined emotions, not alert or objective), 'guilt proneness' (worry and remorse), 'poor self-sentiment control' (discouragement and self-

devaluation), and others. This reviewer does not doubt that it is possible to rate items such as these from questionnaires and objective tests. But whether quantified measurements of this kind shed meaningful light on the neurotic process is a dubious assumption, to put it mildly.

It is not that the psychoanalyst denies the value of psychological rating devices. Today, more and more, serious efforts are being made to evaluate the results of psychotherapy and the degree of structural change brought about by psychoanalytic treatment. The difficulties are enormous and the evaluative procedures now being studied can make only modest claims for accuracy, reliability, and usefulness. The authors of this book have made a valiant effort to quantitate some of the results of the neurotic process. If their claims of success seem ill-founded and exaggerated, we must still credit them with opening up an avenue of research that few psychoanalysts have tried to explore. Quantitative methods have yet to be usefully adapted to the study of psychodynamics and the psychoanalytic process. When they are, the authors will have made a worth-while contribution to that development. This book should, therefore, have value for workers struggling to evolve measuring devices to use in psychoanalytic research in so far as it demonstrates the possibilities of modern statistical investigative techniques. It does not, on the other hand, significantly add to our understanding of neuroticism or of structural change that might result from treatment.

AARON KARUSH (NEW YORK)

THE NATURE OF EGO. A STUDY. By Benjamin Maynard. New York: The Philosophical Library, Inc., 1962. 209 pp.

Maynard in this book has set about to study the ego as can be determined by conscious introspection. He constantly draws a line between what can be determined by study of one's mental, controlling processes and those activities of the mental apparatus that lie outside the conscious awareness of the self-observing ego. Thus he approaches many ego functions descriptively but stops short at a self-imposed barrier to state that this leads beyond the scope of his study and belongs to the 'other' part of the mental apparatus. He implies that he is intensely aware of the existence of unconscious portions of the ego, and of other mental systems, by his use of terms



such as 'sense of identity', 'superego', and 'complex'. Nowhere, however, does he apply this apparent understanding, but contents himself with what may be consciously observed. The author's attempt (as far as it goes) to observe the workings of his own ego through a process of conscious introspection succeeds admirably in indicating various functions of the ego, as brought out by clinical work, even in spite of the sharp barrier that he erects. But he negates even this by stating that 'ego cannot observe itself', a fact which, he continues, 'rests on logic and experience'.

This book is of interest to psychoanalysts because it illustrates that the conscious ego can be studied and various of its functions separated through a process of reasonable, rational observation. But beside the limitation noted, the author irritates the reader by never referring to himself even though it is obvious that he is reporting the results of his self-observations.

The author, who is evidently both a classical psychologist and philosopher, does not use the more modern psychoanalytic writing as a source. His only references to Freud are in terms of citations given by others. Many of his references date back to the second or third decade of this century, and the most modern references are only to dictionaries or encyclopedias. His psychology and philosophy appear to have fallen behind the times and one can only wish that he were aware of the advances of modern ego psychology evidenced in the works of Freud, Hartmann, Kris, Loewenstein, and many other psychoanalysts who are currently writing.

To the psychoanalyst, this book offers an example of the limitations of psychological-philosophical observations when unconscious processes are completely eliminated from consideration, as in the period prior to Freud's classic contributions to psychology. Yet to the extent that Maynard tries to work out the functionings of the ego in an attempt to help the reader deal with problems of living, he deserves consideration and a hope that his other work will benefit from readings in more modern psychoanalytic psychology.

EDWARD D. JOSEPH (NEW YORK)

EL PSICOANALISIS, TEORIA, CLINICA Y TECNICA (Psychoanalysis: Theoretical, Clinical, and Technical Aspects). By Angel Garma. Buenos Aires: Editorial Paidós, 1962. 328 pp.

This book attempts the same object as Kubie's *Practical and Theo-*

retical Aspects of Psychoanalysis and Brenner's *An Elementary Textbook of Psychoanalysis*. It is bound to become a classic, like Fenichel's *The Psychoanalytic Theory of Neurosis*, and has the advantage of greater clarity of language and presentation than Fenichel and Brenner. As is true of Kubie's book, both the professional and the layman will profit by reading this volume.

Garma shows a thoughtful approach to psychosomatic diseases. His chapters pertaining to the psychoanalysis of dreams are important not only for his theory and new outlook but also for his superb handling of the psychoanalytic literature on the subject. A clinical presentation in another chapter, showing how the hallucination equates with the dream, concludes with his theory of the genesis of dreams as the result of trauma.

The chapter on schizophrenia is very helpful in evaluating how much can be done, how it can be done, what the family is to expect, and how relatives may best behave while the psychotic is under treatment. The author shows the same down-to-earth approach in his discussion of obesity, ulcerative colitis, duodenal ulcer, and other psychosomatic conditions. He does not elaborate on headaches and migraine because he has published a previous book on these subjects. Elizabeth Garma adds a masterly chapter, with a graphic clinical illustration, on the analysis of children.

This book deserves to be translated, read, and enjoyed.

GABRIEL DE LA VEGA (NEW YORK)

PSICOANALISIS DEL ARTE ORNAMENTAL (Psychoanalysis of the Decorative Arts). By Angel Garma. Buenos Aires: Editorial Paidós, 1962. 118 pp.

Garma's work concerns the origins and symbolic meaning of personal adornments and architectural and sculptural ornamentation. Clothing, amulets, and the products of weaving in general he believes derived from the effort to cover the female genital, being symbolically equivalent to pubic hair. Both clothing and tattooing also arise from the use of skins to clothe the newborn as foetal membranes clothe him in the womb. Ornament, like neurotic symptoms, can tell us much about the past life of the individual and the race. Every group of people has its characteristic ornament, in which we can detect repressed wishes, elaborations by the

ego, and other postulates of psychoanalytic theory. In support of his argument, Garma speculates about ornament such as leaves used to cover the genitals in sculpture (and the Bible) and curves as phallic representations. He discusses such architectural elements as the Mexican winged serpent, the Greek column, and the circular staircase.

GABRIEL DE LA VEGA (NEW YORK)

CLINICAL INFERENCE AND COGNITIVE THEORY. By Theodore R. Sarbin, Ronald Taft, and Daniel E. Bailey. New York: Holt, Rinehart, and Winston, Inc., 1960. 293 pp.

These three authors are well-known psychologists who have contributed to the literature of their discipline in various ways. Sarbin first addressed himself to the main issue of the book under review in 1941 when he wrote an essay, *The Relative Accuracy of Clinical and Statistical Predictions of Academic Achievement*. This was followed by *A Contribution to the Study of Actuarial and Individual Methods of Prediction*, published in 1943. In 1944, *The Logic of Prediction in Psychology* appeared. An *Essay on Inference in the Psychological Sciences* (1952), by Sarbin and Taft, was the stimulus for Meehl's treatise on *Clinical Versus Statistical Prediction* which appeared in 1954. The present volume attempts to answer some of Meehl's criticisms of the earlier propositions and to elaborate further some of the theoretical assumptions previously presented by Sarbin and Taft.

At first glance this book may not seem of concern to psychoanalysts, but the conclusion that 'clinical inference is only a special form of statistical inference' merits further investigation and consideration. The authors support their view by a cognitive theory; they seek to demonstrate how the inferrer's major premises are formed and how secondary premises are created through the classification (or 'instantiation', to use the authors' terminology) of occurrences. Where tables of formal or informal explicit experience are absent, the clinician recognizes explicitly that his judgments, which may be far-reaching, are made on the basis of unconfirmed hypotheses, intuitively derived. The authors state that wherever experience tables are available for the prediction of conduct, infer-

ences from such tables should be used rather than inferences from untested hypotheses drawn from noninductive sources.

Analysts will question these conclusions particularly as they relate to the emergence of material from the free association—free-floating attention system characterizing the psychoanalytic situation. It is true that the psychoanalyst has a previously accepted series of theoretical assumptions based upon clinical experience, theoretical studies, and introspective understandings stemming in part from his own personal analysis; yet the material emerging during a psychoanalysis must be related to a gestalt connected with the ongoing analytic process and not solely to specific hypotheses that are formulated carefully and formally beforehand. The analysis of the process by which the psychoanalyst proceeds from raw data to inference is interesting and important and is related to the theme of this book.

The central problem posed by the authors is: 'How does the behavior analyst proceed from raw data to refined inference? How, in short, does he construct a diagnosis, form an assessment, or create a description of another person? How does he "know" another?' Associated with these issues are the questions of sources of truth and error that enter into the process of judging, diagnosing, and assessing.

In attempting to answer, the authors suggest logical inference—construction of premises from which conclusions can follow—as the model. The validity of the conclusions is related to the appropriate use of inferential forms. The validity is also influenced by the nature of the premises constructed from more universal postulates (called major premises), and from the minor premises resulting from single observations. The diagnosis, appraisal, or assessment is, moreover, made according to some process which the authors believe to be outside the realm of empirical analysis. This has been called clinical insight, immediate knowledge, *Verstehen*, and intuition. The authors, unlike others who state that these latter phenomena are not amenable to study and analysis, believe that such processes can be studied scientifically and that principles can emerge that relate to this issue.

They define inference as 'a cognitive process in which characteristics of a general class are attributed to an individual taken as an instance of that class', and specify three varieties: formal, statistical, and clinical. In clinical inference, the 'characteristics of the infer-



ring person influence both the choice of data and the manipulation of terms'. The contents of clinical inference, however, are clearly statistical, despite the contaminating variability having its source within the clinician.

The authors are aware of the abundant methodological difficulties in defining the variables in cognition of persons, 'mainly due to the extent to which judgments about persons tend to be automatic and inaccessible to self-examination'. Psychoanalysts will question the validity of this statement as it ignores the self-analytic, introspective activities so constantly necessary as part of analytic work. Obviously, however, failure to be objective is a methodological danger for the nonpsychoanalyst, who looks exclusively at conscious cognitive processes. The danger is, in this book, not emphasized enough. For example, 'use of human beings as metrics renders clinical science more complex than other sciences because of the introduction of certain kinds of processes in interactional situations, i.e., empathy, recipathy, and role taking'. Other unique features of the clinical-behavioral interaction are discussed but nowhere related to psychoanalytic concepts of the unconscious, transference, or object relationship. Elsewhere the authors state, 'through assumed similarity between himself and his object, the clinician can use his own "inner experience" in judging the behavior of the person-object and in predicting how he will behave under any given circumstances; that is, empathy and projection are used in the assessment process'. Identification is not alluded to, though hinted at.

The term 'behavior analyst' is used generically for the clinical psychologist, psychiatrist, physician, psychoanalyst, personnel administrator, or other worker who acquires 'special kinds of knowledge of persons who come to his attention as he fulfils his professional duties. . . . The behavior analyst makes judgments concerning the behavior and characteristics of a person with whom he has had a brief interaction. On these judgments, recommendations are made which, if carried out, make the difference between incarceration and freedom, comfort and pain, and so on. It is the ability of the analyst to make valid inferences that determines his effectiveness as a decision maker.' Psychoanalysts may take issue with several of these assertions as they relate to psychoanalytic therapy. However, they will agree with a later statement that 'the tools of the professional clinician are more systematized and refined, and hopefully, his pre-

sumed accuracy in predicting the conduct of others is greater than that of the ordinary mortal'. It is this that relates clinical inference to statistical inference.

The entire book is stimulating, bringing into focus various problems of definition, orientation, and theoretical approach that can be sharpening experiences. Several chapters deserve special mention. Chapter Three deals with the logic of clinical inference in a broad and challenging fashion. The authors discuss their cognitive theory in the next four chapters, emphasizing its relation to the work of the late Egon Brunswick and introducing the concept of module as the unit of cognitive organization. The section on the process of forming and utilizing cues was useful to this reviewer as was the chapter on interaction. The chapters on validity of clinical inference include a pertinent discussion of consensual validation and congruent validation, as well as the comparison of clinical and statistical predictions.

The authors note that the term 'clinical', in its application to medicine, referred to the diagnosis of illness from an examination of the patient at the bedside. In the absence of formalized knowledge, the physician had only his experience and his theories of health and disease as sources of his major premises. Signs and symptoms were gradually used to form classifications and from these inductively derived systems the clinician acquired a body of knowledge that could be used deductively in a given situation. Thus the clinical diagnosis involved acts of perception, judgment, comparison, and formation of concepts as well as eventual action. The subjective components in medical diagnosis have been aided by the objective procedures and instruments of the laboratory. The applications to psychological processes are discussed in parallel form. Controversial points of view, especially Meehl's, are also considered.

The book is well written, the terms employed clearly defined, and the bibliography and name and subject indexes complete. Despite very few direct references to Freud and psychoanalysis, and its heavy logical cast, it is recommended to those who enjoy critically evaluating approaches different from those with which they are familiar.

GEORGE H. POLLOCK (CHICAGO)

## ABSTRACTS

*Journal of the American Psychoanalytic Association*. XI, 1963.

### **On Friendship.** Leo Rangell. Pp. 3-54.

This thorough, well-documented discussion of the varied psychological aspects of friendship is the latest in a series of studies of complicated psychic formations, ego interests, or structures, such as poise and motivation, by the same author. Unfortunately, they are ubiquitous and diffuse.

The main portion of the paper is concerned with metapsychology. The meaning of the need for friendship and how it is used to enhance a number of drives in various degrees of binding and neutralization is discussed from a dynamic point of view. Ontogenetically, friendly feelings derive from the earliest pleasure states. Friendship proper begins in the preœdipal period. During the œdipal period, the child is too absorbed in this relationship to his parents to have much interest in friendship. The need and practice becomes more constant in latency and matures in adolescence and later. It also helps the adolescent in his struggle for ego identity.

The role of the analyst as 'friend' to the patient is discussed. He should be friendly but reserved and not become too emotionally involved. Strong counter-transference destroys the analytic situation and puts an end to therapy. The paper closes with some remarks about pathology and treatment.

### **A Neurological Perspective on Ego Development in Infancy.** Gordon Bronson. Pp. 55-65.

The author presents a rough chronology of emerging ego functions in human maturation which distinguishes between primitive 'precorticate' adaptations and true ego processes. Evidences from writings by authorities in neuroanatomy and neurophysiology support inferences previously based on direct infant observation. Only mechanisms capable of binding instinctual energies can be accepted as having true ego functions.

The neocortex of the newborn possesses cells of such immaturity as to lead to the conclusion that the neonate is essentially a precorticate organism. As the cortical cells mature, a correlation appears with early signs of ego development, and the emerging ego assumes control over more primitive processes.

### **Confrontation, Conflict, and the Body Image.** Ira Miller. Pp. 66-83.

The author discusses certain changes in feeling related to body size experienced by patients in the course of psychoanalytic treatment. These changes are not accompanied by feelings of estrangement and are fleeting. They may also appear as symbols in dreams. All the patients were character neurotics, and the changes in body image appeared when either an undeniable reality or a therapeutic confrontation made the patient conscious of underlying attitudes toward objects. These attitudes were usually of an aggressive nature.

The effect of consistent confrontation with reality re-enforces the mature self. When this has achieved sufficient power, a conflict occurs between the more

mature, ego-syntonic forces and those which are regressed and immature. The distorted body image of which the patient has become aware represents not only the repressed infantile portions but also acts as a defense against the unearthed destructive drives. When this occurs, the old defensive structure becomes amenable to the process of working through. Three short case histories illustrate the author's thesis.

**Federn's Annotation of Freud's Theory of Anxiety.** I. Peter Glauber. Pp. 84-96.

On Paul Federn's death, the author inherited from him Freud's *Hemmung, Symptom und Angst*. Federn had used this copy in a seminar he had conducted and had sprinkled it liberally with marginal annotations. These fall into two categories: views on the nature and functioning of the ego and of anxiety. The author discusses only those marginalia which deal with the interrelationship between the two. He concludes that Freud and Federn concentrate on different aspects of the ego and that their views are complementary. Federn speaks mainly of the sensory-affective states of the ego at its core and at its boundary with other structures of the self and of the outer world. Freud deals more with the specific integrating and problem solving functions of the ego. Consistent with their interests, Freud was more involved with the neuroses and Federn with the psychoses.

**The Place of Paul Federn's Ego Psychology in Psychoanalytic Metapsychology.** Martin S. Bergmann. Pp. 97-116.

Paul Federn's place in the development of psychoanalysis has not been properly appreciated. He was the first analyst to treat psychotics, and he contributed to the psychology of dreams. Yet his most important contribution, his ego psychology, has remained on the periphery of psychoanalytic thinking. At the core of Federn's ego psychology is the concept of ego feelings which he defined as 'an enduring feeling and knowledge that our ego is continuous and persistent . . . that processes within us . . . have a persistent origin within us, and that our body and psyche belong permanently to our ego'. We become aware of these feelings only when the ego fails to fulfil its functions adequately and automatically. We can detect them in states of depersonalization and de-realization and through self-observation in the twilight states between sleep and wakefulness.

Federn distinguished between mental ego feelings, bodily ego feelings, and superego feelings. The ego can be experienced as both subject and object. The ego boundary exists between the ego feelings and the mental representation of the outer world. Psychotics especially fear the loss of this boundary and of the ego continuity that goes with it.

Federn's theories are conceived mainly in freudian prestructural terms and contribute to the phenomenological knowledge of the ego states. Freud's later emphasis on development and structural differentiation is absent. Federn has gained importance in recent years with the developing interest in the study of the psychoses. This is a good review of his ideas.



**A Type of Transference Elation.** Alfred J. Siegman. Pp. 117-130.

The author discusses certain types of patients who insist that all painful experiences they suffer have been brought about by their unconscious. These patients, who are deeply orally fixated, must re-enforce their infantile need for omnipotent control of the sustaining world by attributing such control to the analyst. They then participate as passive 'masochistic' recipients. The positive aspects of the control are achieved by fusion with the omnipotent image of the analyst while the negative elements are reserved for the self. Disruptive aggressive and libidinal transference impulses are denied. Thus a sustained elation is obtained by a magical fusion with an omnipotent love object. With susceptible patients, the analyst should avoid interpretations which create an iatrogenic elated state of transference cure. This is difficult since they may develop negative transference reactions to any interpretations other than those affirming their 'masochism'. A case report sustains the author's views.

**The Meaning of the Analyst After Analysis: A Contribution to the Theory of Therapeutic Results.** Arnold Z. Pfeffer. Pp. 229-244.

Analysts of the New York Psychoanalytic Institute conducted an analytically oriented follow-up study on successfully terminated patients to evaluate the results of their analyses. Two findings showed that: 1, the patient appears to deal with the follow-up study and the analyst as though they were a continuation of his original treatment; and 2, he manifests transitory intensification of residual symptoms or transitory recurrence of symptoms for which analysis was originally sought.

The explanation given is that the patient retains an important intrapsychic representation of the analyst. This is connected not only with transference residues but also with the resolved portion of the transference neurosis. Conflicts underlying symptoms are not utterly destroyed but only better mastered through analysis. In this study, analysands temporarily regressed on account of the dependency caused by the revived transference and repeated the resolution of their conflicts as mastered in the analysis.

**Short-Term Psychoanalytic and Psychosomatic Predictions.** Peter H. Knapp. Pp. 245-280.

Prediction is one research method of testing the validity of psychoanalytic hypotheses. It is a promising approach provided one does not attempt statistical analyses that are too sophisticated. It might be desirable to separate the roles of analyst, predictor, and judge of outcome to minimize the many existing opportunities for bias and distortion. Prediction should also rest on confirmatory evidence rather than on intuition. A chief aim is to assess the balance of defense and impulse and the influence of the environment on each. The most difficult aspect of prediction lies in the quantitative assessment of the balance of forces involved.

The present report concerns a four-year study based on some six hundred predictions of mood and behavior, including psychosomatic symptoms in the next psychoanalytic session. Four analytic patients, two with character disorders and

two with asthma, were chiefly involved in the study, together with several patients in psychotherapy. A number of extensive case histories are given.

**On the Manifest Dream in Schizophrenia.** George A. Richardson and Robert A. Moore. Pp. 281-302.

Freud suggested that in psychosis there exists a reciprocal relationship between waking thoughts and the manifest content of the dream. Patients with delusions will have normal manifest dreams, and those who reject or repress their delusions will find them appearing in manifest dreams. The author had the manifest dreams of schizophrenics compared with those of a control group. A low but significant rate of difference was found. The expectation that schizophrenics would have more unrepressed sexual and aggressive content in their manifest dreams was not borne out. The prediction that they tended to be more bizarre and unrealistic was fulfilled.

The authors hypothesize that in schizophrenics neutralized energy is increased during sleep. This energy then becomes available for defense because of the withdrawal of cathexes from autonomous ego functions. This bolsters repression and furthers the opportunity for dreamwork. The neutralized energy available for secondary revision is less because of its relation to secondary process. This leads to the impression of greater bizarreness and strangeness in the manifest content of the dreams of schizophrenics.

**Fetishistic Behavior: A Contribution to its Complex Development and Significance.** Robert Dickes. Pp. 303-330.

When Freud considered fetishism, he focused his attention on the phallic stage and regarded it as the only important phase involved. It represented the female phallus and was a denial, a defense against castration anxiety.

Dickes discusses the importance of preöedipal determinants for fetishism. Partial objects, body parts, and inanimate things which have been offered or discovered by the child as substitutes for drive and object satisfaction contribute to the concept of the fetish and become condensed in it. The author feels that the fetish, far from belonging to the conflicts of the öedipal period, serves as a source of substitute gratification for deprivations which are mainly preöedipal and for which a tolerance normally develops. The genitality of the fetishist is curtailed and, concomitantly, certain ego deficiencies develop, such as poor reality testing and poor mastery of the environment. Fetishism usually serves a more primitive need than the defense against castration anxiety.

A good review of the literature and details from the analysis of four patients are included in this interesting paper.

**Countertransference and Identity Phenomena Manifested in the Analysis of a Case of 'Phallus Girl' Identity.** Frederick F. Shevin. Pp. 331-344.

The author describes the case of a man with strong feminine identifications who unconsciously felt his body as the phallus attached to and serving his domineering mother. A similar case involving a girl was first described by Fenichel.

As a phallus, the patient was the most important part of his mother and could thus share her omnipotence and femaleness. More importantly, it served to gratify early symbiotic and attachment needs. This was accomplished at the sacrifice of his independence and masculinity, leaving him feeling weak and inadequate. Shame and anxiety led to defense and conflict.

The danger in therapy lies in the patient's use of his intelligence to gratify the analyst's therapeutic interests and narcissism, thus becoming the analyst's phallus. In this mutual narcissistic gratification, analysis may become interminable. Only through the analyst's self-analysis and proper interpretation can the danger be avoided.

**The Phallic Representation of the Voice.** Alvin Suslick. Pp. 345-359.

During the analysis of a thirty-seven-year-old actress, the unconscious fantasy of the voice as phallus was uncovered. This imagery was part of a more general unconscious wish for a masculine identity. The nuclear problem, her difficulty in accepting the feminine sexual role, was based mainly on her identification with a castrating mother for whom the voice seemed to have similar significance. In her professional work and in her object relationships, the voice assumed a predominant importance. Voice loss and voice difficulties were equated with castration.

Reference is made to the common unconscious meaning of the voice as phallus in professional singers and actors. A lengthy case report with a review of the pertinent analytic literature is included.

**Sexual Response in Women: A Correlation of Physiological Findings with Psychoanalytic Concepts.** Marcel Heiman. Pp. 360-385.

Freud felt that the psychic process paralleled the physiological; that it was a dependent variable. His sexual theory is a purely psychoanalytic one in which the biological evidence must be supplied at a later date by the physiologist and anatomist. In an effort to do this, Heiman discusses recent findings in regard to the nature of the sexual response in women.

The vagina plays a dual role—in propagation and sexual pleasure. Phylogenetically, the two manifestations of the normal female response, lubrication and muscular contraction, were chiefly in the service of reproduction, and only later came to promote the pleasure, unique among female mammals, of orgasm. In the main, the surface one third of the vagina can be regarded as serving pleasure ends and the deeper two thirds, including the uterus, as serving the ends of procreation.

In coitus, the synchronized, rhythmic movements of uterus, vagina, and phallus facilitate the passage of sperm from penis through vagina to uterus. Contrary to Freud's opinion, the female is an active coöperator in conception, and her various neurotic disturbances can prevent conception or gestation.

Coitus is genetically associated 'to the sucking experience of the woman as an infant, . . . to pregnancy, to the birth of the baby-to-be-conceived, and to the suckling of that baby'. Through identification with her own mother and her own child, three generations are united in coitus, and the male serves as the

complementary fused object to gratify the various needs involved. The function of oxytocin for uterine contraction and sperm transport in coitus, for the contraction of the uterus during parturition, and for nursing gives this neuro-hormone a central position in the reproductive process.

**The Historical Development of Theoretical and Clinical Concepts of Overt Female Homosexuality.** C. W. Socarides. Pp. 386-414.

This is a good historical review of the pertinent psychoanalytic literature on the problem of overt female homosexuality from Freud's writings to the present. The author feels that the subject has suffered relative neglect.

The discussion is developed under the following headings: constitutional versus acquired factors; the concept of bisexuality; Freud's contributions; developmental factors; contributions from ego psychology; the relationship of female homosexuality to other perversions and psychoses, including nosological considerations; and therapy. The author has not included any original contributions.

JOSEPH BIERNOFF

**Bulletin of the Philadelphia Association for Psychoanalysis.** XII, 1962.

**On Reconstruction.** John M. Flumerfelt. Pp. 53-68.

A detailed case history is given centering around a reconstruction made during the third year of an analysis. The reconstruction which had been made once before in the first year, only to be denied, was offered by the analyst casually and without emphasis. Its importance was not appreciated until after it had produced results. The patient reacted by investigating the construction that she had been taken to a hospital when a small girl and left in the care of strangers. Although her father denied that she had had such an experience, the patient was able to confirm from hospital records and from notes of her mother that she had indeed been hospitalized for a month at the age of three. This information confirmed the construction, but more important, the patient's dreams and reactions in the transference situation provided an extensive elaboration and reliving of the early experience. The patient developed greater independence and a greater awareness of tolerance for aggressive and homosexual impulses. Her guilt feelings diminished, and her relationships with men friends became less masochistic and more selective.

**The Pacifier as a Transitional Object.** Paul J. Fink. Pp. 69-83.

The transitional object as originally defined by Winnicott is important during a period between oral eroticism and true object relationship. These objects are not part of the infant's body nor are they fully recognized as belonging to external reality. They may be said to occupy a position between the thumb and the teddy bear. They are used at bedtime to soothe as defense against anxiety, they are not alterable or replaceable, and have a name given them by the child, etc. Fink presents clinical observations of a child whose pacifier fulfilled all the criteria of the transitional object. He proposes that a pacifier can be used as a transitional object. The literature on transitional objects is reviewed.



**The Problem of Enuresis.** Richard M. Silberstein. Pp. 137-148.

Functional enuresis in children is generally more resistant to psychoanalysis than other regressive phenomena. Silberstein expresses the view that enuresis is not a manifestation of psychoneurosis in the usual sense. It may develop as a result of lack of training, overtraining, situational disturbance, or psychosis. It may be a manifestation of a difficulty somewhat like a perversion. In all such cases success is more likely if efforts are not confined to the child's intrapsychic conflict but extended to include the parents. Work with the parents is directed toward encouraging them to develop a relationship with the child which will motivate him to control his instinctual impulses. The therapist cannot replace the parent in importance to the preadolescent child; hence, the value of working with the parents in this manner.

EDWIN F. ALSTON

**Archives of General Psychiatry.** VII., 1962.

**Schilder's Application of Psychoanalytic Psychiatry.** M. Ralph Kaufman. Pp. 311-320.

In this Schilder Memorial Address, Kaufman gives a tachistoscopic presentation of Schilder's contributions to psychiatry, showing both his biological and psychoanalytic points of view. Stressed is his work in ego psychology, psychosis, body image, and hypnosis. The author coins for Schilder the title, *An Anticipatory Catalyst*, since he drew from the past, reformulated the contributions of others in a unique way, and served as a catalyst for future work in many areas.

**Toward a Theory of Hypnosis: Posthypnotic Behavior.** Theodore X. Barber. Pp. 321-342.

The author continues the proposition that hypnosis is a complicated phenomenon by debunking some popular conceptions concerning the nature of posthypnotic behavior. He presents material, which is largely experimental, showing the following points: 1, a trance induction procedure is not necessary to elicit responses to 'simple' posthypnoticlike suggestions; 2, a waking control group may be as responsive as a hypnotized group to more 'difficult' posthypnoticlike suggestions, such as to dream at night on a selected topic. A 'good' hypnotic subject does not have to re-enter a trance while carrying out the posthypnotic suggestion, nor is the performance of the act necessarily forgotten.

**Studies in Psychosomatic Differentiation During Infancy.** Nahman H. Greenberg. Pp. 389-406.

As a preliminary to more specific data on the subject, the author gives a brief history of studies in the field of infant and child development and points out the problems inherent in the several approaches. He also discusses the importance of the earliest psychophysiological differentiation of the infant and its

relation to the mother-infant interaction. The measurement of infant cardiac rate in various situations is listed as one approach to this study.

KENNETH RUBIN

*Bulletin of the Menninger Clinic.* XXVI. 1962.

**Inferring Repression from Psychological Tests.** Richard S. Siegal and Gerald A. Ehrenreich. Pp. 82-91.

Psychologists from the Psychotherapy Research Project of the Menninger Foundation have tried to reduce the difficulty of identifying, in test protocols, repression which does not pervade ego functioning. Examples from Rorschach tests illustrate two necessary components which together indicate the presence of repression: 1, the absence of something (i.e. a common or expected response does not appear) and 2, the presence of some other defense activity 'to surround the void' or support the act of repression.

**The Meaning of Metaphor.** Dov R. Aleksandrowicz. Pp. 92-101.

A metaphor may be viewed as a gestalt in which the verbal content forms the figure and the context of circumstances provides the background. The latter includes such matters as current important events, the transference situation, the character structure of the patient, etc. The author demonstrates various ways of using a patient's metaphors during different phases of treatment. With a schizophrenic woman he at first responded 'within the metaphor', later calling attention to the affects conveyed, and, finally, having recognized the growing strength of the patient's ego, he offered more direct interpretation of the content and the defenses.

**Three Lectures.** Jean Piaget. Pp. 120-145.

It is nearly impossible to abstract the first two lectures because they are already highly condensed statements of Piaget's theories of the intellectual development of the child and the relationship of 'affectivity' to this development. Moreover, analysts must become acquainted with a new vocabulary as well as unfamiliar theory. The effort is rewarding since Piaget deals with the development of ego functions which are surely of great interest to analysts although they have not systematically explored these functions. From many years of experiment and observation of children, Piaget has evolved a genetic learning theory which is startlingly complementary to analytic theory. Intelligence is defined in terms of thought 'operations' or 'internalized actions . . . which have become reversible and which are coördinated with other operations in structures which themselves are reversible'. 'The four great stages' in the development of intelligence are matched by parallel stages in the development of 'affectivity': 'first, the sensorimotor period before the appearance of language; second, the period from about two to seven years of age, the preoperational period which precedes real operations; third, the period from seven to twelve years of age, a period of concrete operations . . . ; and finally after twelve years of age, the period of formal operations'. Two main accomplishments occur in

the first stage: the construction of 'the schema of the permanent object', and the beginning of 'reversibility' in action, for instance, the change from the concept of space as being uncoordinated and centered on 'the body of subject and on actions', to a 'decentration' wherein 'space becomes homogenous', containing all objects including the body itself.

The third lecture, entitled *Will and Action*, deals with matters familiar in other terms. The problem here is to explain the outcome of a conflict between desire and duty (id and superego). What may appear to William James as an application of will on the side of duty is to Piaget a process of 'decentration' in which the person's attention, initially riveted to the immediate pleasure, widens in scope and considers both past experience and future possibilities of pleasure. 'Having will is to possess a permanent scale of values . . . the solution of the conflicts [consists] in a subordination of the actual situation to permanent values', which in analytic terms might read: the solution consists in the subordination of the pleasure principle to the reality principle. This lecture, like the first two, is so closely reasoned, so tightly packed with theory and illustration, that it requires study in its entirety.

One need not agree with the validity of all his explanations (for example, of the clinical facts of repression) to believe that within a few years Piaget's theories and the data upon which they are based will be standard fare in psychoanalytic curricula.

**Toward a Description of Mental Health.** Charles M. Solley and Kenneth Munden. Pp. 178-188.

This report, in the tradition of the search for the universal man or the mature genital character, presents the results of asking fourteen senior psychoanalysts, psychiatrists, and clinical psychologists at the Menninger Foundation to describe 'a personal acquaintance who was "mentally healthy"'. Similar reports from eighty-five students at Wayne University gave similar results. Five behavioral characteristics of a 'mentally healthy' person were abstracted from the reports: 1, he treats others as individuals, by identifying himself with them, accepting and understanding them; 2, he is flexible under both internal and external stress; 3, he obtains pleasure from many sources; 4, he sees and accepts self-limitations; and 5, he uses his capacities to fulfil personal needs in carrying out productive tasks.

**The Effect of Rearing Conditions on Behavior.** H. F. Harlow and M. K. Harlow. Pp. 213-224.

Infant rhesus monkeys were reared from the first day of life under a variety of situations including total and partial isolation. During periods ranging from eighty days to as long as two years, they lived in individual wire cages, with or without access to their mothers, surrogate mothers, or other infants. 'Over all, it appears that the longer and the more complete the social deprivation, the more devastating are the behavioral effects.' Reversible, mild effects occurred after eighty days in isolation, whereas the effects of two years of total isolation were unreversed after two years of contact with other monkeys. The experi-

mental group remained severely withdrawn, frightened, defenseless, and sexless. Partial isolation regularly produced sexually uninterested and inadequate males and females. Four females who were impregnated with great difficulty by normal male monkeys were highly unsatisfactory mothers, physically rejecting their babies from birth, although the infants clung to their mothers despite repeated physical punishment. Current research is attempting to determine whether infants raised by surrogate mothers may not develop normal social and sexual behavior if permitted frequent play with other infants.

**Differences in Thought Organization Between Hypnosis and the Waking State: An Experimental Approach.** L. Stross and H. Shevrin. Pp. 237-247.

Shevrin and Luborsky have previously shown that subliminal exposure of a rebus (pictures of a tie and of a knee together) to waking subjects tended to elicit 'clang' associations (e.g., title, penny). The rebus response of combining the words into a new word (e.g., tiny) was not demonstrated. The present experiments with both waking and hypnotized subjects suggest that the rebus effect does appear in the latter. In describing both the subliminal stimulus and later visual images, they used the word 'tiny' and its synonyms (small, little) much more frequently following exposure to the rebus stimulus than to a control stimulus. Wide-awake subjects revealed no such difference. These experiments contribute further experimental evidence of the nature and circumstances of primary process transformations.

HARTVIG DAHL

**Psychiatry.** XXVI, 1963.

**Schizophrenic Patients and Their Siblings.** Theodore Lidz; Stephen Fleck; Yrjo O. Alanen; Alice Cornelison. Pp. 1-18.

The families of sixteen adolescent or young adult schizophrenics were intensively studied. Few of the twenty-six siblings of the patients could be regarded as reasonably well adjusted. In fact, the siblings could be equally divided into psychotic and fairly well integrated groups. The brothers of the male patients were more disturbed than their sisters; the sisters of the schizophrenic females were more disturbed than their brothers. The clinical material offers considerable understanding of why one child rather than another in a family becomes schizophrenic, and it supports the hypothesis that intrafamilial environment is of major importance in the etiology of schizophrenia.

**The Baby on the Ward. A Mother-Child Admission to an Adult Psychiatric Hospital.** Henry U. Grunbaum; Justin L. Weiss; Linda L. Hirsch; James E. Barrett, Jr. Pp. 39-53.

The first joint mother-child admission to the Massachusetts Mental Health Center is described, with emphasis on the meticulous preparation of the entire staff and the parents for the experiment and the sustained treatment teamwork. The patient was a twenty-two-year-old woman with a psychotic depressive reaction, including severe ambivalent feelings toward her infant son who was hospitalized with her. The successful outcome of therapy led to similar treat-



ment of nineteen other women in two years. Having the children on the ward was found to be therapeutically valuable not only for the mothers but also for other patients. This study, as well as earlier ones in England, seriously challenges the routine practice in hospitals of separating psychotic mothers from their children. It therefore deserves the careful study of every psychoanalyst.

**The Psychopathology of Trichotillomania and Trichophagy.** John T. Monroe, Jr. and D. Wilfred Abse. Pp. 95-103.

A twenty-two-year-old woman entered treatment with the chief complaint of an uncontrollable impulse to 'pull out my hair and eat the roots'. She was severely masochistic with depressive and paranoid trends. Her mother had been savagely punitive and had shaved the patient's head when she was thirteen and on two later occasions. The mother had also caused a severe burn to the patient's head and ear by throwing hot grease on her. The overdetermination of the hair pulling and hair eating is discussed, and a brief review of the literature on the subject is presented.

H. ROBERT BLANK

**Revista de Psicoanalisis.** XIX, 1962.

**The Unconscious Meaning of Oral Fantasies.** Mauricio Abadi. Pp. 6-13.

The patient often dramatizes by symbolically acting out unconscious fantasies based on all types of situations experienced since birth. The author describes 'the terrible mother' and the father who feels himself anchored by a ball and chain. His efforts to resolve his anxiety over his inability to produce a child may lead to the fantasy that 'the child is stolen' or 'is bought' or to the couvade. The child's role is influenced by œdipal conflicts and ideas of transformation similar to 'the myth of the birth of the hero'. Accompanying his feelings of guilt and oral fear is the wish to incorporate not only by mouth but also by means of other regions of the body, particularly the hands. The myth is also important as a means of displacement from vagina to mouth.

**A Study of Mania in a Child.** Vera Campo. Pp. 66-70.

A four-year-old boy showed mania behind the extreme mobility of his behavior, which was a result of projection, introjection, and projective identification occurring at such speed that in reality 'nothing was happening'. The child, by a disturbance of space and time, created a confusion of feelings and fantasies about the love object, changing roles so rapidly that time did not count. By so doing he avoided depression, feelings of guilt, confusion, and attempts to do away with feelings of intense envy. It was necessary for him to deny these because his ego could not tolerate the intensity of the guilt. In this way he confused his feelings, both tender and hostile, concerning the maternal breast.

**Idealization and Envy.** Gilberto Simoes. Pp. 126-129.

The ego's way of handling objects, and its relation to the id, allow the author to understand the scopophilic elements in envy. Looking and being looked at,

elements of the infant's relationship to the love object in the typical bidimensional images of visual incorporation, are later projected and introjected, depending on the needs of the patient. The author emphasizes that even etymologically the word envy comes from the Greek: 'inlooking, looking inside'. Mythologically, envy was represented with a head full of serpents and with a somber look. The concept of the evil eye involves all types of projective magical thinking, centered around the relation of the eye to the object.

**The Relation Between Genital and Pregenital Fantasies.** Norberto Schlossberg. Pp. 130-133.

After one and a half years, a patient's clinical history showed how she related the internal world with tremendous libidinal demands and a need to inhibit these demands because of traumatic overprotection by the mother. Eventually, the patient began eating less and found work in which she could obtain libidinal gratification and thus compensate for a frustrating situation resulting from a very poor marriage.

**About Idealization.** J. Weil; J. Bartolini; A. Dornbusch; J. Genender; D. N. de Fiasche; F. Scolni. Pp. 145-151.

The superego is considered to be at first a part of the mechanism of ego dissociation. This mechanism is essential in handling sadistic impulses. Whether the child will progress unharmed through various stages depends on the opportunities offered by reality and on the child's capacity for ego synthesis. He has to learn by experience that the pleasure principle must be relinquished in favor of the reality principle. If reality experiences are not sufficiently satisfactory, the child will regress at the oedipal stage to earlier, archaic representations favoring fantasy and magical thinking. The structure of the idealized nucleus in the ego will be affected as will the capacity of the ego to handle reality. The original perceptive ego, working through energies derived from the id, should constitute the psychic representation of the ego ideals. In the process of maturation, these ego ideals will eventually function according to the demands of the superego and reality. Ego ideals, therefore, liberate all types of representations, fantasies, and thoughts which appear in the ego as it perceives the id, the superego, and reality. Furthermore, these ideals embody the characteristic way in which the ego synthesizes its own autogenous elements, such as memory and knowledge.

**Melancholia in Relation to Circumcision, Anti-Semitism, and Ego Dissociation.** Hernando Pastreane Borrero. Pp. 331-341.

Clinical evidence shows several meanings of circumcision. Loss of the prepuce frequently means loss of body ego. In the unconscious, the trauma of birth and the trauma of circumcision are directly related. The loss of body ego re-enforces the potential loss of other parts of the ego and precludes good object relationships. Circumcision, 'the barbaric rite' several days after birth, represents a traumatic situation, and therefore relation to the love object and ego ideal is

impaired, producing an undercurrent of chronic depression. Circumcision tends to favor a persecutory trend that may lead to ego regression. This in turn creates a need in the ego to hold on to these archaic mechanisms of defense. The anti-Semite feels the threat of ego regression in circumcised people and reacts with hostility since circumcision is performed at the primitive oral stage; therefore oral cannibalistic fantasies cannot be well elaborated. The oral conflict after circumcision is superseded by acute castration anxieties and the conflict experienced at the phallic level. Therefore castration fear in the anti-Semite is handled by denial of castration and by hating and mobilizing death wishes against any person who represents archaic levels and early oral cannibalistic features. This corresponds to and explains the classic anti-Semitic statement that Jews are greedy.

**When a Child Must Confront Death.** Elena Evelson and Rebeca Grinberg. Pp. 344-350.

The authors use fragments of analytic sessions with children who were being treated at the time a catastrophe occurred in which a train struck a school bus, killing forty children and severely injuring many others. The authors conclude that 1, by identification, the death of other children forces the child to confront his own death; 2, fear of death makes the child relive basic separation anxieties, such as birth and weaning; 3, the re-enacting of death in the sessions includes all projected ego elements based on death wishes; and 4, the danger of having to re-elaborate the death instinct that has been projected becomes almost intolerable, and therefore hostility is turned against the self. The reasons include the labile ego of the child, intense anxiety in the face of death, and the attempt to elaborate these depressive mechanisms in a slow but controlled way. When the mechanism of defense fails, somatic disturbances appear, mainly respiratory and gastrointestinal.

GABRIEL DE LA VEGA

**Revista Uruguaya de Psicoanalisis.** IV, 1961-1962.

**Some Contributions to the Study of Theatrical Acting.** Laura Archard Arrosa. Pp. 575-585.

The actor must pass through four stages of preparation before he considers himself ready for opening night. In the first, he begins to identify himself with the character to be portrayed. This he accomplishes by individual or collective reading. The actor has to handle castration fear, death wishes, and ego annihilation in the process of creating a character who is not himself. That is why at this point actors show in real life a transitory withdrawal of object libido and a regression to the narcissistic libidinal stage. The author discusses the dream of a patient, an actor, and shows how the imitation in this initial phase is accomplished through mimicry.

The second stage consists of group participation before a director and is usually accomplished in three steps: 1, studying and analyzing the character; 2, elaborating the performance; and 3, memorizing. Here the primary elements

are the voice, with all its fluctuations, and the text to be memorized. Introjection is still shaky with two dominant basic fantasies: the first is oral incorporation of the object, and the second, complementary to the first, produces a massive ego surrender to the character to be portrayed and, hence, fear of death.

In the third stage, identification is intensified by passive need and therefore anxiety increases. This leads finally to consolidation and synthesis of the introjected object, the ego of the actor playing a secondary role. The author calls it 'bridal expectation' because it is similar to expectation of and surrender to possession by a love object.

The fourth stage is the 'symbiotic relationship'. The actor and the character are no longer different entities; now they are mutually enriching and cannot be separated. Arrosa quotes from patients who speak of opening night as 'the delivery day . . . because until that moment the character does not really belong to you'. She concludes by saying that an actor, no matter how neurotic, cannot perform properly if the character is not fully assimilated and separated from personal defense mechanisms such as denial, repression, and dissociation, but instead remains primarily at the surface of the synthetic function of the ego.

**The Dehumanization of Body Ego (Dead-Living Partial Objects).** Willy Baranger. Pp. 586-603.

Through description of pertinent sessions from the analysis of a twenty-nine-year-old woman, the author concludes that in mourning, as in the depressive syndrome, there is a narcissistic wound with an oral fixation which may or may not be due to difficulties between the ego and the superego, depending on the disturbance of the mechanism of introjection. The ego is impoverished and the superego hypertrophic and sadistic in the threefold relationships of 1, ego with partial introject of a 'dead-living' love object; 2, ego with ego ideal; and 3, object and ego ideal with superego. The differences of introjection and the relationship between these ego components and the superego will determine whether, in a depression, the ego has to deal with a 'dead-living partial object' that cannot be repaired or assimilated through identification, or surrenders to the demands of the superego.

The author also mentions varieties of this concept which range from normal to the so-called parapsychological. He has studied various cultural fantasies beginning with the normal, ordinary reaction when a loved one dies. The ego needs to deny and cannot accept that the loved one is really dead. The next stage is seen in those who keep the room or the house exactly as it was before the death occurred, and who believe in the hereafter, in *séance* phenomena, in parapsychological dreams, in sensory automatism, in phantasm of the dead, in motor automatism, in transpossession, and in ecstasy. The extreme pathological cultural fantasy of the vampire is clearly based on paranoid traits.

GABRIEL DE LA VEGA



# NOTES

## MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 14, 1963. KNOWLEDGE AND DREAMS. Bertram D. Lewin, M.D.

The dream experiences of Descartes and other philosophers, writers, and scientists are employed by Lewin to study the feeling of revelation and inspiration in dreams, and to introduce some comments about dream theory and dreams and knowledge in general. The long tripartite dream of the twenty-three-year-old Descartes, which he regarded as divinely inspired assurance of the certainty of his philosophical and mathematical discoveries, exemplifies the feeling of absolute certainty found in some dreams. Freud reported the dream of a patient in which he was given two pears by a woman, accompanied by a feeling that the dream image was 'absolutely real'. The intense feeling of reality, Freud found, was displaced from the knowledge of the dreamer that he had been fed from both breasts. Descartes did not attach his sense of truth and revelation to any manifest element in his dream, but interpreted them anagogically, each element standing for an abstract idea.

Several examples of so-called dreams from above are cited by the author, in which dormescent thoughts become direct dream pictures. The philosopher, Dilthey, reported a dream in which the picture, School of Athens, by Raphael, came to life. The dreamer feels a sense of conflicting loyalties to several schools of philosophy, which Lewin informally guesses as referring to the dreamer's own identity conflicts and divided loyalties to various schoolmasters. A dream that brought a solution to a concrete problem was that of Kekule, in which revolving snakes united to form a model for the benzene ring. Rather than considering this a supernatural experience, Kekule ascribed the inspiration for his discovery to his father. A father figure is portrayed in the dream of Hilprecht, the Assyriologist, in which a priest of ancient Nippur appears and instructs him to assemble three fragments in the museum collection where an inscription will be found. Professor Loewi had an eerie feeling about the dream which led to his discovery of the role of acetylcholine in the conduction of nerve impulses, and his interest in psychoanalysis and proposing of Freud for the Nobel Prize seemed an expression of gratitude for the dream. The knowledge in these dreams seems to have the same quality as in other reported experiences of inspiration where there is a reverie in a hypnagogic state, in which a passive receptive attitude and a proneness to visual fantasy may be important. Kris's idea of the father as the source of inspiration seems to be confirmed by the material of these dreams.

Lewin cites other examples from a diary entry of the poet Spender and from The Ides of March by Wilder to show that a sense of truth and certainty can occur in a dream without much intellectual content, dreams which might be characterized as those of 'blank inspiration'. The examples of dream cognition and inspiration show great qualitative differences in manifest content, ranging from pure rhapsodic feeling and symbolic sense of discovery to nearly matter-of-fact statements. The ecstatic sense of knowledge without sensory evidence resembles a type of knowledge described by Freud, but with one difference.

The certainty that a recovered memory refers to a real event, which Kris aligns with recognition, does not have the grandiose quality of ecstatic knowledge and is subject to reason. The difference which Lewin implies here is similar to that between strength and omnipotence.

Lewin proposes a tentative classification of informative dreams: 1, the dream of direct instruction (Hilprecht); 2, the dream of visual thinking (Kekule); and 3, the dream of symbolic inspiration (Descartes). He points out that knowledge obtained from dreams has figured in philosophic discussions since the fifth century B.C. and that the Greeks distinguished between ordinary dreams and supernatural dreams. Curiously, Descartes seems to have revealed a strange split in his beliefs. In his *Principles of Philosophy* he takes a naturalistic position and questions the validity of dreams as statements of fact in contrast to his conviction about the dream of divine intervention in 1619. Turning to dreams which have an apparent objective epistemological validity, where sleep was brief and light and the dreamer awoke almost immediately, where motility was limited and disturbances of concentration reduced, Lewin is reminded of Freud's paradigmatic psychoanalyst on an imaginary train ride. In this metaphor the analyst sits quietly letting the patient's associations pass by outside the window. The difference is a matter of psychological optics; Freud's train windows are transparent and the images come from without, whereas a dreamer illuminates from within the screen on which are projected the visualized incarnations of his own thoughts.

The author then discusses the role of a superego figure in the dream of instruction or inspiration using, as an example, Hilprecht's dream in which a priestly figure does his thinking for him. The dreamer has regressed to a stage where all ethical and rational knowledge is the province of parents and teachers. The Assyriologist may have required reassurance about his new knowledge which the father-teacher figure not only permits but reveals to him. Many thinkers seem to have difficulty in passing beyond this stage of development and deal with objective ideas of their teachers as if they were dogma. Descartes seems to have felt insecure about his right to think originally; if his dream was divinely inspired, he had an ally who was more powerful than the theologians of the University of Paris who were later to disagree with his philosophy. New knowledge is always tinged with the impious and struggles not only with the error and imperfection of the old, but also against its veneration.

Lewin believes that dreams of information and knowledge are 'waking dreams' and include some reference to that process. Homeric messengers and gods are the arouser figures, identified with the father who is the original pre-cedipal waker. Waking is turned into instruction, and the function of guarding sleep is temporarily triumphant. On the other hand, the dreams of rhapsodic revelation are not dreams of the near-awake period. They resemble the knowledge one is said to imbibe with mother's milk, and when they are blank ecstatic dreams they seem to repeat the nursing experience, becoming the fantasy guarantee of good sleep uncompromised by the disturbing presence of father. Between the early type of learning experience and the formal instruction of priests and teachers, the mixed type of learning by seeing for one's self occurs. This genetically intermediate experience promotes one's originally unshakable

belief but later, when the certainty of early perceptions is attacked, one can still maintain a certain faith in dream experiences, as well as a reluctance to credit them. Lewin feels that this latent confidence in the truth of dreams serves psychoanalysts well and is reminiscent of Freud's heroic reliance on his dream discoveries.

DISCUSSION: Dr. Max Schur quoted Otto Loewi's dream experiences which led to the discovery of the chemical transmission of nerve impulses. Eighteen years previously, Loewi had an idea about chemical transmission, then had two dreams, only the second of which was recalled. Schur postulated that some hypercathexis had taken place, allowing ideas created via the secondary process to reach consciousness after many years. The first dream message was a subliminal perception and created a stimulus which was activated the next night.

Dr. Jacob Arlow took issue with certain points in the paper and suggested that the so-called dreams from above could also be understood in terms of the fulfilment of an unconscious wish. Insights might be used as day residues, and in sleep the dreamer takes over the father's phallus which can then be exhibited to the world. He also pointed out that in dreams and reveries where discoveries were made, symbolic representations of the mother's body are frequently found. Examples are riding in a bus or floating in a tub. The operation of a common fantasy is thus suggested: 'When I was inside mother, I was close to father's phallus'.

Dr. Edward Harkavy wondered about the distinction between dreams from above and the usual garden variety of dreams. He pointed out that the symbolism in the dreams quoted by Lewin is the same as we see in ordinary dreams. The difference may lie in the economic properties. Dr. Rudolph Loewenstein felt it might be useful to distinguish between the manifest content of the dreams under discussion and the reaction of the dreamer. Some dreams do not contain the revelation in the manifest content but, as in the case of Descartes, only in the associations to the dream. These differences may be sociological and anthropological.

Dr. Walter Stewart commented on the relationship between manifest and latent dream content and recalled that Freud modified his ideas about the wish-fulfilling function of the dream in *Beyond The Pleasure Principle* to include the dream's original function of mastery. This modification suggests a reappraisal of the relative importance of preconscious and unconscious components in dream formation. The appearance in the manifest content of traumatic childhood scenes in undistorted fashion suggests that mastery may play an important role in dreams from above. Stewart suggested that a study of dreams of borderline patients, whose mastery is precarious and who meet traumatic events daily, may confirm this hypothesis.

Dr. Martin Stein speculated about the role of conflict in producing these dreams and gave, as an example, a historic dream of Xenophon which occurred at a critical point during a war between the Greeks and Persians. The dream was clearly *œdipal* and ended on a note of danger with a warning to flee. Xenophon interpreted the dream as a sign from the gods, rallied his forces, and made the Persians come to terms. The solution here was quite opposite to the outcome expected from the manifest content of the dream.



Dr. Victor Rosen noted that all the dreams cited in Lewin's paper were those of gifted and creative men and wondered whether it would be possible for discoveries to be made from the dreams of mediocre men. He felt that the psychology of the waking ego was an important consideration. While the dreams given may have been important steps in the discoveries, perhaps they exemplified only one type of creative synthesis, indicative of the gift to bring together unlikely elements to make a discovery.

Dr. Lewin thanked all the discussants and stressed the point that in dreams *von oben*, one is probably in a light sleep.

MILTON E. JUCOVY

May 21, 1963. PSYCHOANALYTIC CONTRIBUTIONS TO AESTHETICS. Robert Waelder, Ph.D.

In his Freud Anniversary Lecture, Dr. Waelder comments that Freud never approached the subject of aesthetics systematically but limited himself to occasional statements on the subject of beauty and art. Aesthetics deals not with the beauty of nature or of natural objects but with the subject's response to artistic creations, including patterns in space, color schemes, etc. The pleasure is at a deep, preverbal, almost physiological level, involving not simply discharge of tension but a peculiar sequence of rising and falling tension such as that described by Freud in *The Economic Problem of Masochism*.

Freud's writings contain three major contributions to the psychoanalytic understanding of beauty in art. The first of these, an id and dynamic formulation, is in the paper, *Formulations on the Two Principles of Mental Functioning*. There he describes the artist as a man who turns from reality because of difficulty in the renunciation of instinctual satisfaction. He returns to reality from fantasy by creating truths of a new kind which men value because they fill their fantasy needs. The artist expresses for them their dissatisfaction in the replacement of the pleasure principle by the reality principle.

Dr. Waelder emphasized the partial desexualization involved in the artistic creation. Although a response to the demands of censorship, this is also a narcissistic requirement that the wish-fulfilling aspects not be too apparent and create a sense of shame and naïve gullibility. Perhaps one can measure artistic sophistication by the length of the detour sustained in the process of tension and discharge.

Freud's second contribution, an ego and economic formulation, occurs in *Jokes and Their Relation to the Unconscious*. The pleasure in jokes is attributed to the sudden breakthrough of sexual and aggressive drives with a saving in the energy needed for repression. This is the ego aspect of the aesthetic phenomenon which has been emphasized also by Kris. In addition, the ego aspect includes the problem of form, with an attention to detail, thus emphasizing how the story is told more than the content. The relative emphasis on content and form varies with the art form. Content of the message is more prominent in novels, less prominent in painting and sculpture.

Beauty is the triumph of the mind over matter and the elegance of the solution. This is particularly clear in games of chess and chess problems, where the elegance of the solution involves surprise and a minimum of effort, absolute



efficiency, and a maximum of achievement. The ego aspect of beauty is a process in which there is a saving in the expenditure of energy through simplification. This is followed by new complexities and new solutions on a higher level.

Freud's third contribution to the subject of aesthetics deals with the superego aspect and is presented in his paper on Humor. Aesthetics involves the superego's benevolent attitude which reassures the ego that, in spite of all adversities and threats, nothing can destroy the grandeur of the soul. Man is greater than his physical existence; he can preserve his narcissism. This is the essence of mellow wisdom.

In this brief summary of the current psychoanalytic understanding of aesthetics, Dr. Waelder emphasizes that he has intentionally made no mention of the unconscious because he feels no closer relationship exists between art and the unconscious than between any other human activity and the unconscious. The recent emphasis on the role of the unconscious in artistic endeavor is a product of the late nineteenth century and has its roots in Expressionism. It is marked by an artificial primitivism for supposedly sophisticated purposes.

WALTER A. STEWART

June 18, 1963. PSYCHOANALYSIS AND LEARNING THEORY. (Dr. Charles Brenner's Section of the Kris Study Group.) Drs. Bernard D. Fine, Felicia L. Landau, Edgar L. Lipton, John B. McDevitt, and Jacob E. Stump.

Dr. McDevitt called attention to the lack of a comprehensive theory of learning and outlined the scope, as well as the limitations, of the group's two-year endeavor. Data were gathered from various sources, viz., academic psychology, psychoanalytic theory, Rapaport's learning theory, clinical case material, Piaget's developmental psychology, and the role of speech and language in learning. Rapaport's definitions of learning seemed to offer the most profitable point of departure. He considers the following problems: how something perceived is turned into something retained; the occurrence of abiding changes wrought by experience, the laying down of quasi-permanent structures in the ego; how a process turns into a structure, i.e., the long-time survival and availability of experience. Thus, in discussing learning he takes into account the interaction between the individual and his drives, primary as well as secondary structures, and the environment, both physical and social. From this interaction, structure is laid down and modified through internalization and adaptation (in Piaget's terms, assimilation and accommodation).

The learning theories of the academic psychologists make no allowance for the genetic point of view. More encompassing and convincing elaborations of central or ego structures are found in the theories of Hebb and Piaget, but they are too limited in scope, devolving principally into schemata of intellectual development in which the instinctual drives figure not at all. It became apparent then that only a psychoanalytic theory would be broad enough to include all factors to be considered in the learning process. The essential ingredients of such a theory would have to include the drives, physical and social reality, autonomous ego functions, processes of neutralization and automatization, the shift from primary to secondary process thinking, and from the pleasure to the reality principle (Hartmann). Crucial for the shift from pleasure to reality

principle would be the nature of the object relations, the optimum degree and nature of gratification and frustration, other factors promoting or inhibiting identifications, and the roles of anxiety, guilt, conflict, trauma, and active mastery.

Though these factors are probably necessary for most learning, they are not sufficient. In addition to reality relationships arising from frustration and motivations derived from instinctual drives as a result of frustrations, we must also assume autonomous and inborn apparatuses of contact with reality and perhaps corresponding, and therefore reality attuned, autonomous motivations. This would include postulating an innate ego apparatus with its own laws of development through maturation as well as an intrinsic ego energy which provides a motivation for learning and yields a pleasure of its own.

Dr. Fine reported on the group's efforts at a critical evaluation and clinical application of Rapaport's formulations in his paper, *On the Psychoanalytic Theory of Motivation*. The paper represents an outline of a psychoanalytic theory of learning and structure formation based on attention cathexis and the apparatus of consciousness. In it motives are defined as internal forces, appetitive in nature and characterized by their cyclic peremptoriness, selectivity, and displaceability—qualities which relate them clearly to the instinctual drives. Rapaport then postulated a variety of derivative motivations resulting from the establishment of defenses and their tendency to spread beyond original drive determinants. The higher a derivative motivation appears in the hierarchy of mental structures, the more scaled down is its appetitiveness and peremptoriness, i.e., the more neutralized it is. If to this is added the concept of autonomy, the activation of some of these neutralized derivative motivations is provided for, thus obviating the necessity of triggering by an underlying, less neutralized motivation.

Dr. Landau summarized the group's efforts in approaching the learning process through the study of a clinical entity, namely, phobia, as an instance of arrested learning. Pertinent and related questions arising from such a premise were: why is the phobic individual not able to learn from experience; how do certain reactions to experience become so rigidly structured as to resist change to further experience? Learning was shown to be intimately related to developmental and maturational processes involving object relatedness, self and object representations, neutralization, the distinction between inner and outer reality, between mental and somatic, fantasy and fact. Characteristic patterns of response in the first years of life, involving such inborn ego functions as motor activity and speech, are interwoven with the earliest responses to the mother as well as with the defenses for dealing with anxiety.

Dr. Stump's report dealt with the group's discussion of Piaget's developmental psychology, and especially from a comparative study by Peter Wolff entitled, *The Developmental Psychologies of Piaget and Psychoanalysis*. Piaget's learning theory is essentially a sensorimotor (reflex arc) theory. He assigns a primary, almost exclusive role to external stimuli, and only a transient one to inner stimuli. The accidental impingement of external stimuli on the organism and the tendency on its part to organize the effects of these stimuli together create a desirability or need to function which sets the reflex, or acquired be-

havior, in motion. The infant's response to stimuli from the external environment depends on the inborn reflex and its past activations. Each inborn reflex has a flexible mental organization called a *schema*. *Aliment* is the name for stimulation, *assimilation* for the registering of sensorimotor experiences in the schema. Schemata are the building blocks for mental structures, and two or more may join together to form a structure. Any given schema requires aliment to become stabilized as a structure.

Dr. Lipton's report directed attention to the relationship between learning and the development of speech and language, particularly language. He stressed the importance of the connections between integrity of language, self-representation, sense of identity, psychosexual development, and maturational processes. Since the group of ego functions involved in language development present ideal observational data, this approach was considered an optimal one for study.

Examples from observations of children, the study of patients suffering from aphasia and relearning a language, and anthropological studies of primitive societies were cited to demonstrate the vicissitudes of the learning process. The imitative and incorporative aspects of language such as accent, tone, and rhythm are intimately linked with the earliest child-mother relationship, and disturbances in this relationship may give rise to disturbances in learning which may vary from transitory inhibitions to psychotic phenomena such as echopraxia.

JOHN DONADEO

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Recent Alfred P. Sloan Visiting Professors in the Menninger School of Psychiatry, Topeka, Kansas, were the following: Dr. Richard Hunter, psychiatrist, from London; Dr. Ilza Veith, medical historian, from the University of Chicago; and Dr. Herbert J. Muller, professor of English and government at Indiana University.

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Pauline H. Turkel has resigned her position as Executive Assistant of The QUARTERLY and is retiring from active connection after having been for twenty-seven years its mainstay in the direction and administration, especially of the office editorial work. Her calm dedication and efficiency are highly esteemed by all who have had occasion to work with her, by the Board of Directors, by the Editorial Staff, and by those contributors to whom she has rendered service. All owe Pauline Turkel an unpayable debt of gratitude, as do those psychoanalysts and subscribers who have benefited from the high standard of publication which she has set and maintained. Much that has been taken for granted about The QUARTERLY is due to her devoted and assiduous hard work. Miss Turkel is succeeded by Mary Crowther and Mary Romagnoli as Executive Assistants; both have been active in The QUARTERLY office for several years.

THE EDITORS



# FREUD'S THEORY OF LANGUAGE

BY JULIUS LAFFAL, PH.D. (WEST HAVEN, CONN.)

From the earliest days of his concern with aphasia (2) and the cathartic treatment of hysterical illness (3), Freud gave thought to the psychological nature of language. His most systematic discussion of the subject is to be found in the *Project for a Scientific Psychology* (4), and he referred to themes set forth therein throughout his subsequent writing.

Freud developed a conceptual model of language which dealt with its role in consciousness, its relation to thought, the development of language in the child, its origins as an instrument of social communication, its function in the restitutive efforts of schizophrenic patients, and the motivated nature of parapraxes and distortions in language. The psychoanalyst's interest in Freud's model of language may therefore be shared by anthropologists, linguists, and psychologists studying verbal behavior. The present paper describes this model of language and considers some of the criticisms directed against it.

The most striking and most puzzling thing Freud said about language was that it provides the distinction between a conscious and an unconscious idea. The proposition, in its simplest and most often quoted form, may be found in *The Unconscious*: '... the conscious presentation comprises the presentation of the thing plus the presentation of the word belonging to it, while the unconscious presentation is the presentation of the thing alone' (8, p. 201).

The distinction between presentation of word and presentation of thing goes back to Freud's book, *On Aphasia* (2), in which he attempted to explain various types of aphasic disorders in terms of damage to areas of the brain contributing to the 'word' and 'thing' functions. He affirmed and used this distinction many times and with remarkable consistency throughout his writings (4, 5, 6, 7, 8, 9, 10). However, in one of his last works, *An Outline of Psychoanalysis*, Freud no longer be-



lieved that verbal associations are the only or even the crucial discriminants between preconscious and unconscious processes. He wrote: 'It would not be right, however, to assert that a connection with the memory traces of speech is a prerequisite of the preconscious condition. On the contrary, that condition does not depend upon any such prerequisite, although the presence of speech gives a safe clue to the preconscious nature of a process. The preconscious condition, which is characterized on the one hand by having access to consciousness and on the other hand by being linked with the verbal residues, is nevertheless something peculiar, the nature of which is not exhausted by these two characteristics' (11, p. 42).

Freud then went on to inquire concerning the nature of the distinction between preconscious and unconscious. He answered: 'We seem to recognize that nervous or psychical energy exists in two forms, one freely mobile and the other, by contrast, bound; we speak of cathexes and hypercathexes of the material of the mind and even venture to suppose that a hypercathexis brings about a sort of synthesis of different processes—a synthesis in the course of which free energy is transformed into bound energy. Further than this we have been unable to go. Nevertheless, we hold firmly to the view that the distinction between the unconscious and the preconscious condition also lies in dynamic relations of this same kind, which would explain how it is that, whether spontaneously or with our assistance, the one can be changed into the other' (pp. 44-45).

The apparent change in Freud's theory of the role of language in the distinction between unconscious and preconscious seems to have encouraged the view that his earlier ideas were mistaken. Kris, for example, wrote: 'At a time when Freud still characterized the preconscious as a functional system, he considered verbalization as one of its functions. Unconscious thoughts, he believed, had to pass through the stage of verbalization on their way to consciousness; feelings could reach consciousness "directly". Freud later avoided the obvious pitfalls of this assumption. . . ' (14, p. 543).

Holt, quoting the passage in *The Unconscious* given above, stated: '... this attempt to explain consciousness in terms of verbal ideas will not hold up. . . ' (13, p. 498).<sup>1</sup>

Earlier Schilder had offered an explicit criticism of Freud's view. 'Freud has developed the rather complicated idea that the difference between the conscious and the unconscious idea is not that they are different records of the same content situated in different parts of the mind but that the conscious idea comprises the concrete idea plus the verbal idea corresponding to it while the unconscious idea is that for the thing alone. The relation between sign and reference is so fundamental that it is hard to believe that it should not be present in what Freud calls "unconscious thinking" ' (16, p. 206).

Rapaport also rejected Freud's idea in discussing attention-cathexes and consciousness. The passage is worth quoting at length since it introduces the important idea of reality relations, which was, for Freud, intimately connected with language.

'The additional cathexis, which a drive-cathected idea must obtain to become conscious, is conceptualized as *hypercathexis* or *attention-cathexis*. Ideas which otherwise have access to consciousness, but at a given moment are not conscious are described as *preconscious*—that is, not counter-cathected, but with-

<sup>1</sup> Holt has elaborated on his comment in a personal communication (October 16, 1962). He suggests that Freud's conception makes it difficult to account for any conscious thoughts except verbal ones, whereas there exists a whole realm of conscious and preconscious nonverbal phenomena (including imageless thought). Secondly, he believes many clinical phenomena suggest that unconscious processes may be verbal and that it is difficult to account for some primarily verbal dreams (e.g., Freud's *Autodidasker* dream [5, pp. 298-302]) if one rejects the idea that words can exist as such in the unconscious. It will be seen in the present discussion that Freud was aware of the first considerations mentioned by Holt and took them into account. Although auditory perceptions were given pre-eminence by Freud as the vehicle for consciousness, he recognized other sensory modalities as also capable of contributing to consciousness *but in a relatively limited fashion* as compared to verbally mediated consciousness (10, p. 21). With respect to Holt's second point, I believe this paper will make clear, first, that in Freud's view words *cannot* be unconscious and, second, that verbalizations in dreams as well as in psychotic speech, i.e., verbalizations under control of the primary process, are fundamentally different from normal waking language.

out hypercathexis. It has been assumed that attainment of attention-cathexis amounts to establishing connection with verbal traces. This is indeed often the case. However, it seems safer to assume that full consciousness of an idea entails only its hypercathecting and the availability of its relationships to all relevant psychic content; among these, its relationship to the verbal trace may or may not play a role. By contrast, a drive-cathected idea (such as a hallucinatory image, an obsessional or delusional thought, or a dream picture) usually entails perceptual memories, but may entail verbal memories also, or even verbal memories alone; but its relationships are restricted to those of the drive organization of memories; its form, unlike that of a hypercathected idea, may be distorted or symbolically disguised by these relationships. What a drive-cathected idea does not entail is its *relations* to reality by which its "unreality"—or in other words its mere "intrapsychic reality"—may be assessed.

'Consciousness therefore is now conceptualized as a matter of the distribution of attention-cathexes, which are available only in a certain quantity' (15, pp. 698-699).

Bearing in mind these explicit and implicit criticisms of Freud's use of language as a criterion to distinguish between conscious and unconscious, we may go on to examine in detail his thinking in this area. In *The Interpretation of Dreams* Freud offered the following description of conscious and preconscious: 'For consciousness, which we look upon in the light of a sense organ for the apprehension of psychical qualities, is capable in waking life of receiving excitations from two directions. In the first place, it can receive excitations from the periphery of the whole apparatus, the perceptual system; and in addition to this, it can receive excitations of pleasure and unpleasure, which prove to be almost the only psychical quality attaching to transpositions of energy in the inside of the apparatus. . . . But, in order to make more delicately adjusted performances possible, it later became necessary to make the course of ideas less dependent upon the presence or absence of unpleasure. For this purpose the *Pcs.* system needed to have qualities of its own

which could attract consciousness; and it seems highly probable that it obtained them by linking the preconscious processes with the mnemic system of indications of speech, a system not without quality. By means of the qualities of that system, consciousness, which had hitherto been a sense organ for perceptions alone, also became a sense organ for a portion of our thought processes. Now, therefore, there are, as it were, *two* sensory surfaces, one directed toward perception and the other toward the preconscious thought processes' (5, p. 574).

Freud thus postulated that the mnemic residues of speech provide the preconscious with qualities necessary to attract consciousness. However, it is important to note that he had already, in the Project for a Scientific Psychology, indicated that other modalities such as the kinesthetic (4, p. 445) can also provide the necessary qualities for consciousness. In *The Ego and the Id* he made this explicit again in accounting for certain preconscious fantasies involving visual thinking: 'Verbal residues are derived primarily from auditory perceptions, so that the system *Pcs.* has, as it were, a special sensory source. . . . We must not be led, in the interests of simplification perhaps, to forget the importance of optical mnemic residues, when they are of *things*, or to deny that it is possible for thought processes to become conscious through a reversion to visual residues, and that in many people this seems to be the favored method. The study of dreams and of preconscious fantasies as shown in Varendonck's observations can give us an idea of the special character of this visual thinking. We learn that what becomes conscious in it is as a rule only the concrete subject matter of the thought, and that the relations between the various elements of this subject matter, which is what specially characterizes thoughts, cannot be given visual expression. Thinking in pictures is, therefore, only a very incomplete form of becoming conscious. In some way, too, it stands nearer to unconscious processes than does thinking in words, and it is unquestionably older than the latter both ontogenetically and phylogenetically' (10, pp. 20-21).

Thus the path open to consciousness is broader than if it



were provided by language alone. It includes the mnemonic residues of other sensory modalities beside the auditory, residues which are capable of making conscious the 'concrete subject matter' of past perceptions but not, as may the verbal residues, relations between such subject matters. Although it is clear that access to consciousness is not limited, in Freud's conception, to the verbal modality, he often spoke *only* of word presentations as the vehicles of consciousness, to the exclusion of such modalities as the kinesthetic and visual. Perhaps this was because he believed that the qualities associated with verbalizations permit, as do no others, the highest development of objective thought. *'Thus, thought which is accompanied by the cathexis of indications of thought reality or of indications of speech is the highest and most secure form of cognitive thought process'* (4, p. 431).

In describing the relation between language and thought, Freud drew on the qualitative nature of language. He said in *The Interpretation of Dreams*: 'Thought processes are in themselves without quality, except for the pleasurable and unpleasurable excitations which accompany them, and which, in view of their possible disturbing effect upon thinking, must be kept within bounds. In order that thought processes may acquire quality, they are associated in human beings with verbal memories, whose residues of quality are sufficient to draw the attention of consciousness to them and to endow the process of thinking with a new mobile cathexis from consciousness' (5, p. 617).

What is the nature of the quality provided by language which makes thought processes available to consciousness?<sup>2</sup> In the

<sup>2</sup> In discussing the general nature of quality, Freud wrote: 'Consciousness gives us what we call "qualities"—sensations which show a great variety of "differences" and whose differences depend on relations to the external world. Among these differences there are series, similarities, and so on, but there is nothing quantitative about them' (4, p. 369).

'Thus we must summon up enough courage to assume that there is a *third* system of neurones—"perceptual neurones" they might be called—which are excited along with the others during perception but not during reproduction, and whose states of excitation give rise to the different qualities—are, that is to

work which he did with Breuer on the hypnotic treatment of hysterical neuroses, Freud characterized language as a discharge mechanism. He found that symptoms disappear if under hypnosis the patient recovers the traumatic memory and describes the disturbing event in detail, giving utterance to the affect. The curative result was accounted for, in part, by the fact that the strangulated affect is able to find a way out through speech. 'The injured person's reaction to the trauma only exercises a completely "cathartic" effect if it is an *adequate* reaction—as, for instance, revenge. But language serves as a substitute for action; by its help, an affect can be "abreacted" almost as effectively' (3, p. 8).

This energetic aspect of language may be understood more clearly from the discussion of language and quality in the Project for a Scientific Psychology. Here Freud introduced the idea of speech associations in order to account for conscious observant thought. The reasoning was as follows:<sup>3</sup> 'We now have to find a mechanism which will cause the ego to follow perceptions and influence them. This mechanism lies, I believe, in the fact that, according to my hypotheses, a perception invariably excites  $\omega$ , that is, passes on indications of quality. To put it more accurately, it excites consciousness (consciousness of a quality) in  $W$ : and the discharge of the perceptual excitation furnishes  $\psi$  with a report which in fact constitutes the indication of quality. I therefore suggest that it is such indications of quality which *interest*  $\psi$  in the perception. Here we seem to have the mechanism of *psychical attention*' (4, p. 417).

In discussing how memories are laid down Freud said: 'The perceptual neurone is hypercathected. The quantity that is compounded of external and psychical quantity ( $Q$  and  $Q\dot{n}$ ) flows

say, conscious sensations' (p. 370). Further on, Freud attributed quality to the periodicity of an excitation rather than to its quantity.

<sup>3</sup> The editor's notes explain  $\omega$  and  $\psi$  as follows: 'The system of  $\omega$ -neurones is also frequently referred to as the system of "perceptual neurones" [or " $W$ -neurones" . . .]' (4, p. 355, n.). ' . . . the  $\psi$ -neurones are retentive, serve the purpose of mastering internal stimuli, and are to be identified with the superimposed gray matter of the brain' (p. 360, n.).

away along the best facilitations and will overcome a certain number of barriers, according to the resistance and quantity concerned. . . . But finally the current will come to an end in this case too in one or more terminal cathexes. The outcome of attention will be that in place of the perception, one or more memory cathexes will appear, connected by association with the initial neurone' (p. 420).

If the memory traces are again cathected with attention, a quantity of energy will once more begin to flow along the path of best facilitation. The problem for observant thought must be to get as exhaustive a knowledge of the perceptual object as possible. 'For this reason a  $\psi$ -cathexis is once again required for the memory images which have been reached; but some mechanism is also required which shall direct that cathexis to the right places. . . . A mechanism of attention, such as the one described above, once more presupposes, however, the presence of indications of quality. . . . Indications of quality normally arise only from perception. Thus it is a question of obtaining a perception from the passage of a quantity ( $Q\dot{\eta}$ ). If, in addition to the mere passage, there were a *discharge* attached to the passage of the quantity ( $Q\dot{\eta}$ ), that discharge, like any other movement, would give rise to a *report* of the movement. After all, indications of quality are themselves reports of discharges. . . .

'This purpose is served by *speech associations*. These consist in the linking of  $\psi$ -neurones with neurones which are employed by auditory images. . . . These speech associations have the advantage over others of possessing two further characteristics: they are circumscribed (i.e., are few in number) and exclusive. The excitation proceeds from the auditory image to the verbal image, and thence to discharge. If, therefore, the memory images are of such a kind that a branch stream can pass from them to the auditory images and motor verbal images, then the cathexis of the memory images is accompanied by reports of a discharge, and these are indications of quality and at the same time indications of the memory being conscious. Now if the ego precathects these verbal images as it earlier precathected the

images of the discharge of perceptions, it has created a mechanism for directing the  $\psi$ -cathexis to the memories which emerge during the passage of quantity ( $Q\dot{n}$ ). Here we have *conscious, observant thought*' (pp. 421-422).

Freud then went on to consider how, beside making cognition possible, speech associations make it possible to remember thoughts. '... the facilitations produced by *thought* leave only their result behind them and not a *memory*. . . . Now the indications of discharge by way of speech help to make good this lack. They put thought processes on a level with perceptual processes; they lend them reality and *make it possible to remember them*' (p. 422).

These quotations from the Project may be summarized as follows: perceptions give rise to indications of quality which excite consciousness and attention. The outcome of the energy flow related to external and psychical quantity ( $Q$  and  $Q\dot{n}$ ) in perception is that memories are laid down. In order for attention to range systematically over these memories, some indications of quality, such as those that arise in perception, must be available to guide the attention. If there were a *discharge* associated with the passage of psychic quantity, this would give rise to indications of quality which could guide attention. Speech associations provide such discharge opportunities. They do so in the following way: 1, excitation (presumably associated with initial attention) passes via a branch stream from the memory image to the associated auditory image, to the verbal *motor* image, and thence to discharge; 2, reports of discharge give rise to, or are themselves, indication of quality, which in turn lend consciousness to the memories; and 3, there is thus a mechanism—tied to word presentations—which permits attention to bring systematically into consciousness a connected series of memories. This is conscious, observant thought. Finally, speech associations, because of their indications of quality, put the thoughts with which they are linked on a level with perceptual processes and make it possible to remember thoughts.

Freud repeatedly stressed the verbal *motor* aspect of language.



This he did because the idea of energy discharge and the attendant consciously perceivable quality are crucial in his discussion. The clinical application of this concept of energy discharge has already been alluded to in reference to Freud's use of the 'talking cure' (3, p. 38) in the treatment of hysteria. In the Project, Freud was explicit about the role of language as an energy discharge mechanism associated with thought:<sup>4</sup> 'Thus we have found that the characteristic thing about the process of cognitive thought is that the attention is from the start directed to the indications of the discharge of thought—that is, to indications of speech. It is well known that what is known as "conscious" thought is accompanied by a slight motor expenditure' (4, p. 424).

Let us now go to a discussion of language in secondary and in primary process. The role of language in secondary process was stated succinctly in *The Unconscious*. 'The system *Ucs.* contains the thing cathexes of the objects, the first and true object cathexes; the system *Pcs.* comes about by this thing presentation being hypercathexed through being linked with the word presentations corresponding to it. It is these hypercathexes, we may suppose, that bring about a higher psychical organization and make it possible for the primary process to be succeeded by the secondary process which is dominant in the *Pcs.*' (8, pp. 201-202).

But what of words that appear in dreams, whose forms are determined by primary process? Does the presence of words in dreams contradict the statement that the hypercathexis associated with word presentations makes it possible for primary process to be succeeded by secondary process? In *The Interpretation of Dreams*, Freud said: 'For the dream work cannot

<sup>4</sup> It is noteworthy that in this respect (as in others) Watson's ideas of language were very close to Freud's. Watson said: 'My theory does hold that the muscular habits learned in overt speech are responsible for implicit or internal speech (thought). It holds, too, that there are hundreds of muscular combinations with which one can say either aloud or to himself almost any word, so rich and so flexible is language organization and so varied are our overt speech habits. . . . Soon any and every bodily response may become a word substitute' (17, p. 192).

actually *create* speeches. However much speeches and conversations, whether reasonable or unreasonable in themselves, may figure in dreams, analysis invariably proves that all that the dream has done is to extract from the dream thoughts fragments of speeches which have really been made or heard. It deals with these fragments in the most arbitrary fashion. Not only does it drag them out of their context and cut them in pieces, incorporating some portions and rejecting others, but it often puts them together in a new order, so that a speech which appears in the dream to be a connected whole turns out in the analysis to be composed of three or four detached fragments' (5, p. 418).

This was clearly an effort to distinguish between language as a primary process and language as a secondary process phenomenon. Furthermore, in A Metapsychological Supplement to the Theory of Dreams, Freud said: 'We have already in The Interpretation of Dreams described the way in which the regression of the preconscious day's residues takes place in dream formation. In this process thoughts are transformed into images, mainly of a visual sort; that is to say, word presentations are taken back to the thing presentations which correspond to them, as if, in general, the process were dominated by considerations of *representability*. . . . Only where the word presentations occurring in the day's residues are recent and current residues of *perceptions*, and not the expression of *thoughts*, are they themselves treated like thing presentations, and subjected to the influence of condensation and displacement. Hence the rule laid down in The Interpretation of Dreams, and since confirmed beyond all doubt, that words and speeches in the dream content are not freshly formed, but are modeled on speeches from the day preceding the dream (or on some other recent impressions, such as something that has been read). It is very noteworthy how little the dream work keeps to the word presentations; it is always ready to exchange one word for another till it finds the expression which is most handy for plastic representation' (9, p. 228).

This differentiation between language as a primary process

and language as a secondary process phenomenon may, I believe, be given further definition by drawing from an important area of linguistic theory. The noted French linguist, Ferdinand de Saussure, advanced a distinction between what he called *la langue* and *la parole*. Of these two aspects of language de Saussure said: 'Among all the individuals that are linked together by speech, some sort of average will be set up: all will reproduce—not exactly of course, but approximately—the same signs united with the same concepts. . . . In separating language (*la langue*) from speaking (*la parole*) we are at the same time separating: 1, what is social from what is individual; and 2, what is essential from what is accessory and more or less accidental' (1, pp. 13-14).

*La langue* may be described as consensually valid language, that which makes communication possible, while *la parole*, in its extreme form, may be described as idiosyncratic speech. I will try to make the essence of this distinction clear. If a patient uses the nonsense word 'gryx' to refer to the object 'horse', his listeners will not respond in a way consistent with his psychic representation of 'horse'. If the patient uses the word 'horse' to refer to the object 'cat', others will again respond in a way inconsistent with his psychic representation. These are discordances in the patient's speech, between thing presentation and word presentation, as seen from the point of view of *la langue*, the communal language.

Freud's ideas suggest that 'gryx' and 'horse' in the examples offered above are not language as we ordinarily understand it, that is, consensually valid language, in which a communally accepted word is matched with a common experience. In these cases either the word is not communally accepted or there is a disjunction between communal word (word presentation) and communal experience (thing presentation).

The distinction between secondary process and primary process language also entered into Freud's interpretation of the language distortions of schizophrenic patients. 'In schizophrenia words are subjected to the same process as that which makes the

dream images out of latent dream thoughts—to what we have called the primary psychical process. They undergo condensation, and by means of displacement transfer their cathexes to one another in their entirety. The process may go so far that a single word, if it is specially suitable on account of its numerous connections, takes over the representation of a whole train of thought' (8, p. 199). Furthermore: 'It turns out that the cathexis of the word presentation is not part of the act of repression, but represents the first of the attempts at recovery or cure which so conspicuously dominate the clinical picture of schizophrenia. These endeavors are directed toward regaining the lost object, and it may well be that to achieve this purpose they set off on a path that leads to the object via the verbal part of it, but then find themselves obliged to be content with words instead of things' (pp. 203-204).

In the restitutive efforts of schizophrenic patients, words are operated upon in a primary process, rather than a secondary process, manner. Like other drive-organized presentations, words have meaning for the patient not through a consensual validation that insures fulfilment of reality requirements, but through arbitrary, idiosyncratic connections and features.

We may turn now to development. The Project for a Scientific Psychology provided an account of the earliest phases of language development, which stem on the one hand from experiences of pain and on the other from imitative tendencies in the infant. 'There are, in the first place, objects (perceptions) which make one scream because they cause pain; and it is an immensely significant fact that this association of a sound (which also gives rise to motor images of the subject's own movements) with a perception that is already a complex one emphasizes the *hostile* character of the object and serves to direct attention to the perception. Where otherwise, owing to the pain, one would have received no clear indications of quality from the object, the report of one's own scream serves to characterize the object. This association is thus a means of



making conscious memories that cause unpleasure and of bringing attention to bear on them: the first class of *conscious memories* has been created. It is a short step from here to the discovery of speech. There are objects of a second kind which are themselves constantly giving vent to certain noises—objects, that is, in whose perceptual complex a sound plays a part. In consequence of the impulse to *imitate* which emerges during the process of judging, it is possible to find a report of a movement [of one's own] attaching to this sound image. So that this class of memories too can now become conscious. It remains to associate *deliberately produced* sounds with perceptions' (4, p. 423).

These ideas relating to the experience of pain were in part forerunners of what in later psychoanalytic theory became the 'reality principle' (6). The screaming of the child is the early paradigm of registration in consciousness (as opposed to repression) of verbalizations associated with unpleasure so that impartial judgment may be passed upon them. Freud devoted a long section in the Project (4, pp. 437-440) to a discussion of how painful memory images become 'tamed' and how the release of unpleasure associated with such images can be taken by the ego either as a signal to abandon a particular path (in the case of practical thought), or can be disregarded by the ego (in the case of theoretical thought).

It is interesting to note that Freud considered the social function of speech as communication to be a secondary acquisition. 'The innervation of speech is originally a discharge in the nature of a safety valve for the benefit of  $\psi$ , serving to regulate the oscillations of quantity ( $Q\ddot{n}$ ) in it—a part of the path to *internal change*, which is the sole means of discharge until the "specific action" has been discovered. This path acquires a secondary function by attracting the attention of some helpful personage (who is usually the wished-for object itself) to the child's longing and distress, and thenceforward it serves the purpose of bringing about an understanding with other people

and is thus absorbed into the specific action' (pp. 422-423).<sup>5</sup>

The primary role of speech, in its earliest stages, is as a mechanism for the moderation of psychic energy prior to discovery of the specific action. This earliest function of speech as described in the Project is like the discharge function given such an important measure of responsibility for the curative effects in treatment of hysteria (3).

The importance of language in ego has been implicit in the discussion of language and consciousness, language as an energy mechanism, and language and secondary process. In *The Ego and the Id*, Freud offered a schematic diagram showing the relation of the *Pcpt.-Cs.*, *Pcs.*, ego, id, and repressed (10, p. 24). He gave a special place to the acoustic function in the diagram and said: 'We might add, perhaps, that the ego wears a "cap of hearing"—on one side only, as we learn from cerebral anatomy. It might be said to wear it awry' (p. 25). In the diagram, as we should expect, the acoustic cap was placed in the area of the *Pcs.*

Finally, from *The Ego and the Id* came the suggestion that not only the ego, but also the superego originates in things heard. 'In all these situations the superego displays its independence of the conscious ego and its intimate relations with the unconscious id. Having regard, now, to the importance we have ascribed to preconscious verbal residues in the ego, the question arises whether it can be the case that the superego, in so far as it is *Ucs.*, consists in such word presentations and, if it does not, what else it consists in. Our tentative answer will be that it is as impossible for the superego as for the ego to disclaim its origin from things heard; for it is a part of the ego and remains accessible to consciousness by way of these word presentations (concepts, abstractions)' (p. 52).

Let us come back to Freud's comments in *An Outline of Psychoanalysis* (11). In the light of the foregoing discussion, a

<sup>5</sup> Cf. 4, p. 379.

careful reading of the passage quoted earlier from page 42 of the Outline and of the related sections will reveal that Freud was not abandoning his idea of the role of language in the distinction between unconscious and preconscious, but was essaying a more general characterization of the difference less intimately tied to the specific manifestations in language. We have already seen that Freud attributed access to consciousness to all indications of quality, including visual, kinesthetic, and verbal. The Outline suggests that the peculiar nature of the preconscious condition is related to the type of energy (bound energy in the preconscious as contrasted with mobile energy in the unconscious). In his discussion of Freud's concept of bound versus free cathexis, Holt pointed out that one important meaning of binding is that 'the cathectic charge becomes increasingly more difficult to separate from its idea, a state that is aptly called bound. A bound cathexis stays with a content, at least for the most part, contributing to the sustained identity of thoughts' (13, pp. 517-518). Further, Holt offered the following definition: '*Binding is a synthetic process, carried out by hypercathexes, wherein drive cathexes are stably linked to mental representations. It is a quantitative, not an all-or-none concept, so that free energy can be thought of as becoming increasingly bound, as we go from the primary process pole along the continuum of thought toward the secondary process pole*' (p. 521).

This idea of binding appears to fit language as a consensually valid event, in which a particular word is commonly experienced by members of the community as referring to (bound to) a particular set of events. It is important to note that we have here introduced via language a communal criterion of binding, or of secondary process, which is ultimately the criterion of the reality of a thought process. The language of an individual, then, to the extent that it reflects a shared reference, i.e., that it is consistent with *la langue*, is a manifestation of the binding of drive cathexis. That is, it indicates that the individual accepts and uses the name given by his community to a particular

experience. The consequence of this contract is nothing less than the acculturation of the individual. To the extent that the individual's language is inconsistent with *la langue*, his language reflects primary process and absence of the communally valid reality. The schizophrenic patient who calls people by a code number rather than by name is using language in a primary process manner, since his private code is not shared by others, even though it has been thoroughly learned and is consistently used by him. Language, by nature, is that realm of human behavior which is most socialized as compared, for example, to kinesthetic and visual experiences which also produce 'indications of quality'. Freud believed that 'thinking in pictures' is only an incomplete form of becoming conscious, but that it is nearer to unconscious processes than 'thinking in words' (10, p. 21).

The discussion of Freud's views of language offered here emphasizes the dimension of communal reality in language as a secondary process phenomenon. Gill (12) has recently stressed the exceptions to the parallelism of the conscious-unconscious and primary process-secondary process dimensions in psychoanalytic theory. Freud regarded language (consensually valid language) as a nodal phenomenon through which unconscious can become conscious and which at the same time is a sure criterion of the presence of secondary process. Since word presentations carry indications of quality, either consensually valid or idiosyncratic language can never be an unconscious event. Language in dreams and schizophrenic language, that is, idiosyncratic language as distinct from *la langue*, is conscious, but under control of the primary process.

### SUMMARY

Freud developed a theory of language that dealt with the role of language in consciousness, the relation between language and thought, development of language in the child, and the origins of language as an instrument of social communication.



Some psychoanalysts have been critical of his idea that a conscious presentation is associated with a word presentation, whereas an unconscious presentation is not. Drawing largely on Freud's Project for a Scientific Psychology, the present paper discusses the 'qualitative' nature of language which permits thought to become conscious.

A distinction between consensually valid language (*la langue* as used by the linguist, de Saussure) and idiosyncratic speech (*la parole* in an extreme form) is offered. This distinction helps us understand Freud's statements in *The Interpretation of Dreams* and *A Metapsychological Supplement to the Theory of Dreams*. In these he says that dreams cannot 'create' speeches and suggests that dream speeches are not expressions of thoughts. The distinction between these two types of language is readily applied to language in primary process and language in secondary process.

Discussing developmental aspects of language, the paper points out that the primary function of language for the infant, in Freud's view, is as a mechanism for the moderation of energy. In the course of such energetic discharges, language acquires the secondary function of social communication. In *The Ego and the Id*, Freud pointed out that language is central to the development of both ego and superego.

Finally, it is suggested that the definition of language in terms of communal, consensual validation (*la langue*) as opposed to idiosyncratic, drive-organized language may be related to the idea of 'binding' of cathexis.

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# COLOR IN DREAMS

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Dreams have been described as being similar to silent black-and-white motion pictures (16). Except in dreams of the blind (6), color is the most frequent actual sensory impression experienced in dreams. Some observers (12, 16, 25) have reported an incidence as high as thirty percent, although the most careful analytic study reports one of fifteen percent. In contrast, actual auditory and kinesthetic sensory impressions have been estimated to occur in five to ten percent of dreams and those of taste and smell in less than one percent (16).

Freud (9) felt that color in dreams could be understood in three ways: 1, as actual reproductions of new and old sensory images; 2, as symbols for old sensory impressions; and 3, as partaking of the regression inherent in the sensory images of a dream (cf. 8). Essentially, he was inclined to treat color as he would any other dream element. Freud was not disposed to give it any special attention although one half of his own reported dreams contained color elements (16). Many color dreams are reported in the literature, but most writers tend to follow Freud and treat color elements in a general and nonspecific way.

Some nonanalytic and analytic investigators have related color in dreams to organic factors such as drugs (13); organic migraine attacks (19); normal neurophysiologic mechanisms (2); neurologic responses to anxiety (21, 22), etc. Intermediate to physiology and psychology is Greenacre's suggestion that the psychophysiological shock reaction resulting from observation of the paternal phallus may be represented in dreams by color (11).

A more purely psychological approach, but bordering on physiology, has been the discussion of the affective implications of color representation in dreams. Authors indicate that color

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(as well as other sensory modalities) appears in dreams when repressions are breaking down and represent 'hidden' affects (8, 16). In this context, color elements are seen as reflecting a defensive and economic 'crisis' while dreaming which threatens sleep. These ideas are consistent with Lewin's idea of the regressive move in dreaming toward the blank dream (17).

Clinical psychologists have made studies germane to the observations of these analysts and to Greenacre's. One such study (20) revealed that as adolescence proceeds and repression is being more successfully effected, figure drawings use progressively less color. Similarly, Rorschach investigations have been made dealing with the relationship of color responsiveness to affectivity and impulsivity (3, 5, 7, 26).

Some writers (1, 4) have indicated the specific relationship of color in dreams to body products, such as blood and feces. Others (14, 15, 23) have incidentally described their metaphorical use. Linn (18) devotes an article to the lack of a comprehensive analytic approach to this subject. He cites some clinical fragments in questioning the claim of the auditory sphere to the primary place in the development of the superego, feeling that color in dreams provides ready evidence of superego function in the nonauditory sphere. The expression of id derivatives and ego identifications through the use of color in dreams is also noted. His article is not a detailed presentation, but he does highlight the need for a metapsychological approach to the understanding of color in dreams. Garma (10) has recently made the generalization (which has been found rather difficult to accept) that 'the real common denominator is the existence of repressed anal excremental contents'.

Certain aspects of the work of Calef (8) and Knapp (16) are specially pertinent here. Both authors stress the frequent relationship of the appearance of color in dreams to the emergence of voyeuristic-exhibitionistic impulses and conflicts. Neither is able to offer specific reasons for the association of color and voyeuristic-exhibitionistic impulses, although Calef suggests that the use of color may be related to maturational changes in



color perception occurring about the time that scopophilic-exhibitionistic impulses come to the fore in the child.

As has been indicated, the literature has placed much emphasis on the relationship of color in dreams to various forms of psychic imbalance. I have been impressed, however, by the frequent manifestations of carefully controlled, integrated, and artful utilization of color by the ego during dreaming—even during states of intense affective experience. The intent of this paper is to extend the work of Calef and Knapp. Specific reasons will be offered for the use of color in relation to voyeuristic-exhibitionistic impulses and associated body ego problems. Clinical illustrations will be offered to demonstrate that color and color contrasts are utilized by the ego to give disguised representation, via defensive reversals and displacements, to childhood memory traces of the color contrasts perceived on viewing the genitals of adults and children. It will also be shown how the ego further utilizes these color contrasts as an artist might to create certain visual effects or illusions in the service of defense. These mechanisms are similar to those observed in the case of screen memories, fetishism, and the day residue. It will be further demonstrated that the same psychodynamics and defense mechanisms can be observed where color assumes a role in a fantasy, a symptom, and a sublimation. Where possible, other specific genetic determinants for the use of color will be cited, and clinical details will be given to highlight the intense affective climate in which color elements appeared.

#### CLINICAL EXAMPLE 1: *Case A*

A frigid, thirty-year-old single woman, with a mixed neurosis, entered analysis because of rectal somatic symptoms associated with intense anxiety and multiple phobic tendencies. After four years of analysis, she had successfully worked through many of her symptoms deriving from oral and anal regressions and was analytically struggling with powerful castration anxieties. Prior to this she had reported very few dreams but they often involved color. During one session she became aware of strong

vaginal excitement which she attempted to repress and displace to the rectum. When this defensive maneuver was interpreted, she became even more vaginally aroused and developed intense anxiety, simultaneously recalling a story of a woman who was killed by her lover at the moment she achieved orgasm. She then recalled a dream of the previous evening which consisted simply of seeing the head of a woman with a swept-back hairdo. The hair was colored brownish-blond. As she observed the head she kept wondering whether it was that of a woman or a man. On awakening she was startled by the confusion in the dream since the head was unmistakably that of a woman.

Careful questioning elicited certain important facts about the dream. The features were idealized as in certain kinds of sculpture. The face had a strange color flatness or paleness which, along with the stereotyped idealization, resulted in its not being especially noticeable. The dreamer's attention was primarily directed to the striking hairdo and its coloration.

Detailed analysis of the dream was quite revealing. The face was an idealization of her own. The confusion of sex reflected her own confusion with all its attendant penis envy and castration anxiety. The patient appreciated the implications of recalling the dream while sexually aroused and indirectly fantasizing having intercourse with the analyst. Speaking of the fact that she had recently worn such a hairdo, she suddenly recalled that as a pubescent girl she would often stare at her face in the mirror, sweep back her hair as seen in the dream, and imagine how she would have looked as a boy. These conscious ruminations were always restricted to considerations of her face. She realized that from that time to the present she was in the habit of drawing women's faces, always with the idealization noted in the dream image. Observing that the color of the woman's hair in the dream was slightly different from her own and tighter in texture, it dawned on her that the color and texture were the same as that of her pubic hair.

The conflict over accepting heterosexual wishes is reflected in her confused thoughts in the dream and in her 'repair' of the

vagina by depicting it as an idealized face—a face without defects. As a subtle addition to the defense she colors the face pale and makes it even less arresting by giving it features neither distinctive nor striking. Thus the viewer is led to focus on the unusual blonde hair. The result of these artistic maneuvers is neglect of the vagina and emphasis on the pubic hair. Although the differences between male and female pubic hair are negligible compared to those between the genitalia, the patient eliminated even these minor differences by depicting the hair swept back in the manner of a boy as in her pubertal imaginations. Beside her innate artistic capacities, color played a special part in her life experience. Although the patient is blonde, her brother is brown-haired, her father's hair is black, and her mother is a redhead. Their complexion coloring also differs widely. Thus, color contrasts generally and pubic hair coloring specifically had a special place in her life and were important genetic factors in her predisposition to color in dreams.

#### CLINICAL EXAMPLE 2: *Case B*

A thirty-five-year-old mother of two children was referred for analysis by her former psychotherapist because of the exacerbation of anxiety, conversion symptoms, and phobias from which she had suffered intermittently for years. Beside the old symptoms, she had experienced new hysterical outbreaks in her physician's office; injections for a secondary anemia had precipitated attacks in which she was unable to stand, move, or speak although she was mentally clear. Both her psychotherapist and the author felt this naïve, devoutly Catholic woman to be one of the rare present-day cases of classical hysteria. Subsequent analysis confirmed this impression. The diagnostic aspect has been stressed because of the floridity of the material that appeared early in the analysis.

The first few analytic sessions threw her into a hypnoticlike state. Soon she was describing the fear she had had since adolescence of being locked in a bathroom, and how from ages five to six she would lock herself in the bathroom and actively mas-

turbate. By the end of the second session she had developed a phobic attitude about the bathroom off my waiting room. In her third session, she related her first dream in which she went into a bathroom and struggled with the temptation to masturbate until anxiety terminated the dream. Associations led back again to childhood masturbation. Although avoiding the dream thereafter, she recalled that period of her childhood when she had been close to her beloved father from whom she was presently estranged. Reflecting also on her current distance from her mother, she began to wonder how she would feel if her mother should die. The consistently transparent material brought in to date had primarily revolved around positive oedipal struggles followed by regression to phallic conflicts. Occasionally her anxiety reduced her to a transient helpless state.

During the first six weeks of analysis she reported six dreams, none of which contained color elements. In the latter part of this period, a great deal of material reported dealt with her conscious childhood resentment over being a girl, her tomboy activities, and teenage disgust and vomiting during menstruation, accompanied by conscious protests against being a woman. In this emotional atmosphere she reported her first color dream. In it she entered a bathroom with green fixtures, where she found herself embarrassedly walking about with other men and women, with only a towel about her nude body. She resisted analyzing this dream. It is significant that color entered her dreams for the first time in the context of a dream centering on exhibitionistic and voyeuristic impulses. Later recall suggested that the green fixtures were related to the phallus and associated pregnancy fantasies.

In the next month she related several dreams, a few containing color elements. However, the whole period was characterized by intense resistance. During the Yuletide season, she became consciously preoccupied with Christmas trees, unconsciously yearned for a penis, and developed a depression. A color dream was reported which was only slightly analyzed, although it was evident the color had direct reference to the genitals.



Preoccupation with the state of her genitals and sexual confusion became progressively more evident. In the midst of this she reported a dream whose form emphasized shadings of black and white. Black was equated with the vagina and pubic hair and white with the surrounding skin. The next day two dreams with many color elements were reported, which allowed a considerable degree of analysis.

I entered a room with a low ceiling, such as in your office, and a man showed me his fine acoustic equipment. Then he took me into another room containing priceless art treasures and showed me a plaque which was pink and white trimmed in gold, with a name inscribed on it. I was then shown a bathroom which had blue tiles and black accents.

In the second dream she found herself about to enter a beautiful home.

I decided to make inquiries of a negro woman across the street and started walking toward her. She looked at me as if I were dangerous. The negro woman was dressed in blue and had with her a beautiful, blonde little girl.

These dreams had many transference implications, but attention will be limited to the meaning of the use of color. The pink-and-white plaque trimmed with gold led the patient to a previous dream involving association to 'dirty' menstrual pads and her horror of the vagina. The name inscribed on the plaque was that of a firm which produced dress manikins that were headless and without extremities. The patient stated, 'Those dummies were so formless; just like me in some way'. Significantly, she went on to talk about the lovely, delicate colors of the plaque as contrasted with the revolting colors of 'dirty' menstrual pads. Here she could give plastic representation to thoughts about the vagina and menstruation on condition that aesthetically pleasing color contrasts were used to disguise the truth.

The long, narrow, blue-and-black bathroom also represented her vagina, as did the negro woman dressed in blue. Blue was

highly overdetermined with associations to the blue dress and purity of the Virgin Mary, the blue rosary beads the patient used for prayer, the blue suit her husband wore on their wedding day, and blue clothing traditionally worn by baby boys. The dark, frightening vagina was reflected in the black accents of the bathroom and the black skin of the woman. However, the dreamer's visual attention centered on the blue color (with its multiple phallic associations) of the tiles and the dress while the black color was perceived only peripherally.

The patient's complexion is dark, and the beautiful, blonde, fair-skinned little girl was an idealized representation of herself as a child. 'The little girl is from that time of my life before I wanted to be a boy, and she looked as I would have liked to look.' Beside other meanings, the fair, blonde girl represented, by reversal of color, the patient's dark vagina and black pubic hair. Pleasing color contrasts, displacements, color reversals, and visual tricks give representation to frightening color percepts. Displacement, replacement, and hypercathexis of innocuous percepts suggest the technique used by the ego in forming screen memories and fetishistic fantasies.

It is of special note that, subsequent to this dream, the underlying conflicts continued to emerge into consciousness. She reported a dream in almost every session, and every dream contained color elements. After a few months, the patient herself was surprised at the profusion of color in her dreams and discussed in a general way the conscious meaning of color to her. Her interest in art had led to conscious attempts to train her mind to 'think in colors'. Certain colors had come to connote specific affective states. Finally, she stated simply but effectively, 'Colors are a form of protection in some way. They make something hideous pretty.' To date the analysis has brought to light another specific determinant fostering the special role of color in her life. This factor is the marked contrasts in skin color within her immediate family, some of the children being dark-skinned and others very fair. The fair children were the father's favorites. The patient herself has two boys, one fair, the other

dark like herself. In the analysis it became clear that occasional feelings of aversion for her dark-skinned son were based on her unconsciously equating him with her own dark vagina, whereas fair skin was associated with the clearly visible penis.

### CLINICAL EXAMPLE 3: *Case A*

Case A presented dream material which exemplifies very well the subtlety and control with which the ego can utilize color in dreams. The patient reported a dream in which she was taking an auto ride with her father. During the drive they passed and observed a very long, thin building whose architecture was rather amorphous. This curious building was painted steel gray and was trimmed in black. Her father told her the history of the building. On one level this dream dealt with the examination which she and the analyst had been making recently of the structure and history, as it were, of her genitals. The meaning of the colors in the dream essentially followed the pattern outlined in the previously cited case material.

The following session was of special interest. At the outset the patient reported feeling sexually aroused and angry—a typical prelude to the emergence of a sadomasochistic transference fantasy. While talking about a belt she had purchased as a birthday gift for her boy friend, she recalled the dream of the previous evening. In it she gave him the gift. He looked at it and became angry because the belt was not the color he had expected. She was surprised and confused to observe rows of diamond-shaped suede patches hand-sewn on the belt. They then studied the patches which were seen in detailed close-up. She observed that the patches, outlined by the dark background of the belt leather, were alternately light, burnt orange, and light, pastel green. Her boy friend continued to berate her for having been careless about the color. The patient became angry and an argument ensued.

This patient always treated the occasional dreams she presented to the analyst as special gifts. Having offered the analyst the dream gift (equated unconsciously with her vagina) as she

had offered the belt to her boy friend in the dream, she then proceeded to act out the manifest content of the dream.

At this juncture in her analysis, the patient appreciated the analyst's special interest in color in dreams and anticipated being questioned about the color element. When the analyst drew her attention to the color, as the boy friend had in the dream, she became resistant and angrily insisted the analyst was 'probing too much'. Nonetheless, interesting facts about the colors were elicited.

The patient herself realized that the belt and content of the dream mirrored her sexual confusion and her refusal to clarify it. The colors themselves led, by a circuitous chain of associations that dealt with symbolic references to her and her mother's genitals, to a dress she owned which contained both colors observed in the dream. She pointed out that these colors had a complementary relationship and when utilized in proper combinations, as in her dress, created a gray effect. Similar associations about the relationship of gray to primary colors brought her back to the long, thin gray house in the dream of the previous session and her attempts to define her genitals. It is evident that full understanding of the meaning of the orange and green in the dream required appreciation of the meaning of the gray and black in the first dream which was part of the day residue. The breaking down of gray into its component primary colors and their skilfully integrated use reflects the exquisite æsthetic considerations and precise ego controls which can be brought to bear in the creation of a color dream, even in an intensely affect-laden transference relationship.

#### CLINICAL EXAMPLE 4: *Case A*

The dream processes described above can be observed in conscious fantasy formations which utilize color. This was observed in statu nascendi in the case of the patient who dreamed about the idealized head of a blonde woman. At one stage of her analysis when powerful sadomasochistic sexual fantasies relating to the father had been activated, she developed fears of rape in the



street and was terrified on the couch. In one session during that period, tension mounted in her throat to such a degree that she felt the urge to slit her throat in order to obtain relief. This was an old pattern occurring in response to rising sexual tension and associated identification with the mother in violent primal-scene fantasies. The throat was a vehicle for this conflict since the mother had had throat surgery when the patient was four years old.

At this point in the session she had a fantasy of a four-year-old blonde girl dressed in a very attractive red pinafore and white blouse. The girl was placid, had her hands at her side, and was 'doing nothing, as if she were staring out of a magazine ad'. The patient had no affective response to the fantasy. After some resistance the image recurred, but this time superimposed on it was another image of a vagina and a hand masturbating it. She noted that there was no pubic hair in the image and then became consciously aware of being deeply aroused sexually.

Historical determinants in the color choice of the first image were evident, as well as certain displacements, denial, and other defenses against her intense anxiety. It appeared though that the ego had integrated and unified these memory traces and defenses via the technique described in the case of the dreams reported earlier in the paper. The mother's red scar, contrasted with the white skin of her neck, and the patient's pinkish infantile vulva, contrasted with the white surrounding skin, were terrifying to her in childhood. On one level, the fantasy reflected her wish to exhibit her genitals to the analyst as she had wished to exhibit them to her father. To do so meant acknowledging her genitals and also running the risk of having her illusory penis destroyed in the ensuing rape.

In reporting the fantasy, she was unconsciously communicating to the analyst her exhibitionistic wish but, even in the affectively isolated fantasy, she was able to do so only by replacing the unacceptable color contrasts with acceptable ones. Presumably the defensive color contrasts were almost identical with those in the original percepts because of the tenuous defenses

operative at that time. Although her defenses were adequate enough to create in a fetishistic manner a very attractive æsthetic combination in the fantasy, they were not able to check the drives which were quickly revealed by the superimposition of a vagina being masturbated and a break-through into consciousness of intense sexual excitement.

#### CLINICAL EXAMPLE 5: *Case C*

The use of color in symptom-formation was seen in the case of a twenty-five-year-old psychotic female, who at the time of consultation was floridly delusional and hallucinating. Intensive psychotherapy resulted in the remission of her overt psychosis. With the remission sufficiently stabilized, exploratory analytically oriented therapy was conducted three times weekly.

A forceps accident during birth blinded one eye, and throughout her life she experienced functional visual difficulties with her normal eye. During childhood she also suffered from severe orthopedic difficulties. Almost complete inattention on the part of the parents was compounded by her being subjected to a long series of governesses, some of whom proved to be quite cruel. Other childhood traumata completed the picture of misery. Putting aside the issue of whether these factors caused or aggravated her schizophrenia, it is apparent that problems surrounding vision and body integrity were even more stark than is commonly the case with schizophrenics. For example, denial of her blindness and visual difficulties was so massive that she would engage in activities which literally physically endangered her normal eye and at times her life. On one occasion she attempted to comply with the advice of a physician to douche which required looking at and manipulating her genitals. The sight of her genitals so terrified her that she went into a catatonic stupor lasting many hours. Although talented in sculpture, she gave it up because her instructors constantly urged her to use the human figure instead of restricting her work to animals. After five years of therapy these problems were sufficiently worked through so that she began to take pride and

pleasure in her looks, would strut about her bedroom nude, and in a childlike manner would 'explore' her genitals and report her discoveries to the analyst. Needless to say, she discovered, or rather rediscovered, masturbation of which she became a devotee.

At this point in the therapy, she related certain waiting-room experiences never before divulged. In my waiting room is a print of an ancient Roman fresco, whose content consists solely of a Roman woman picking flowers and putting them into a vaselike container. Of special significance for the patient was the depiction in the print of cracks in the fresco wall running directly through the figure of the woman. The figure is in fact sedate and well clothed, but to the patient it seemed nude and sensuous.

In the early years of therapy she often found herself staring fixedly, against her will, at the figure in the print. She reacted to it with fascination, awe, disgust, and acute anxiety. The unconscious sexual fantasies precipitating these reactions were so disturbing that she often was unable to talk when the session began. Over the course of time she observed that she could no longer stare at the figure and that her attention had shifted to the flowers. However, this too began to create anxiety and a further displacement was necessary. She remarked, 'The peculiar yellow color in the flowers was offensive against the green background. It made the flowers look as if they were dying.' The final defensive shift was concerned with the color contrasts in themselves. As might be expected, her tenuous defenses weakened and she observed that 'even the colors themselves became distasteful'. In this striking material one can see projection to the figure in the print of the patient's sexual impulses, fantasies, and body imagery. The body of the figure is then symbolically equated with the genitals; there is further symbolic displacement to the vase and the flowers; and as a final defensive maneuver, preoccupation with color and color contrasts. Interestingly, with reduction of her anxieties, she noted that she began to like the print and took pleasure in observing and studying the body contours and color contrasts. This culminated in a

strong fondness for the print. Appropriate to these revelations, in the same session she again talked of how much she was enjoying masturbating and walking about her bedroom while completely nude.

#### CLINICAL EXAMPLE 6: *Case D*

The analytic findings of a thirty-year-old man who dreamt prolifically, and often in color, exemplifies the thesis of this paper in regard to both his dream life and conscious æsthetic pleasures and sublimations. Suffering from a mixed neurosis, he had sustained severe bodily injuries during his phallic phase which intensified and became incorporated into his castration anxieties. The patient reflected this in his distaste for vague and poorly illuminated visual perceptions. Analysis revealed that when he was a child, his perceptions of the female genitals seemed vague as compared with those of the penis whose form was sharply perceived and which had a quality of illumination.

A recurrent feature of his dreams was a difference in the acuity with which objects or persons were perceived. Objects, persons, or whole sections of a dream would be described as 'vague', 'unclear', and 'formless'; with exasperation or evident discomfort he would say, 'I'm unable to make it out', or 'I just can't see it'. These visual representations were also dark or poorly illuminated. Analysis indicated that they represented in various forms the female genitals, coupled with projections of his own subjective state on perceiving them. Conversely, other persons, objects, or sections of the same dream would be well illuminated, clearly perceived, and traceable to the clarity of his childhood perceptions of the penis as well as his subjective reactions. As his castration anxieties were analytically worked through, the dream representations began to crystallize into representations of his mother and father. The mother's entire figure would be seen as vague and dark, while the father's entire figure was bright and sharp, with all details of facial features, clothing, etc. Analysis of these dreams led in a quick, straight line to childhood voyeuristic experiences and anxieties.



In his waking life this whole problem was reflected in certain æsthetic interests and pleasures. This man would take special pleasure in observing the play of light on certain objects; for instance, the reflection of light on shiny black objects, such as a telephone, would intrigue him. The blackness of the area from the genitals to inanimate objects. To secure the defensive creating for him fascinating bands of contrasting silver and black. The æsthetic pleasure clearly permitted a gratifying and anxiety-free discharge of voyeuristic impulses. This sublimatory activity was built upon the displacement of an instinctual aim from the genitals to inanimate objects. To secure the defensive aspect of the sublimation, the patient would further displace the aim from perceiving form to that of perceiving color contrasts. His anxiety-laden interest in the pubic hair and genitals was thus successfully discharged without anxiety by viewing pleasing black-and-white contrasts rather than black pubic hair and white flesh. This sublimational structure reached a higher and even more secure level in his interest in contrasting primary colors. In those instances one could see a displacement from black-and-white to primary color contrasts, which were even more removed from the original lighting and color percepts of the genitals. When he painted he enjoyed using rich, vivid colors in contrasting patterns. In his own paintings, or in those of others, he found vagueness of form æsthetically distasteful or repelling. However, lack of form clarity was æsthetically acceptable on condition that the color be vivid and the contrasts interestingly patterned.

Instability and conflict were nonetheless associated with this sublimation, as evidenced by his analysis. When his voyeurism and related anxieties were analyzed, he experienced an even more heightened interest in color contrasts associated with increasing stability of the sublimation. A single analytic experience dramatically highlighted this problem. An analytic session in which voyeuristic repressions lifted, allowing interpretation of his anxieties, brought a feeling of relief and excitement. The resulting release of voyeuristic impulses impelled him to go to

an art museum upon completing his session. There he subjectively felt that he had entered a world he had never known. He was deeply moved and excited by these new visual pleasures; the beauty of the paintings literally dazzled him. Defensive forces were still operative, however, and compelled him to leave rather quickly. He carried away with him the special impact made by the depth of color intensity and the richness of color contrasts. Content and form, however, made little impression; he was unable to recall exactly which paintings he had seen.

After he read this paper, Tarachow referred me to a clinical note (24) he had published which supports the present thesis in regard to the role of color in sublimations. The note was brief and is quoted here in its entirety: 'A male patient had intense feelings of pleasure at the beauty of various color contrasts. In his analysis the color contrast was found to be derived from the contrast of color between the white abdominal skin and the female pubic hair. His symptomatology was heavily fetishistic and was, as to be expected, quite occupied with castration denial. Another male patient, whose occupation was connected with designing women's clothing, also had the intense feeling of pleasure in the beauty of color contrasts. In the analysis of this patient the color contrast was found to be related to the color contrast between abdominal skin and female pubic hair.'

In the foregoing clinical examples the author has attempted to trace meanings of the use of color in dreams, fantasies, symptoms, and sublimations. An important gap in this psychic continuum is that of the screen memory where the color elements have proved elusive in the author's case material. However, it is probable that the same mechanisms could be demonstrated in view of the evident similarities with well-known screen memory mechanisms.

### SUMMARY

Color and color contrasts are utilized by the ego to give disguised representation to childhood memory traces of the color

contrasts perceived on viewing genitals and pubic hair of adults and children. Mechanisms used by the ego to effect this are described and compared to those observed in the case of screen memories, fetishism, and the day residue. The same psychodynamics and mechanisms are shown to be present in cases where color assumes a role in a fantasy, in a symptom, and in sublimation. Where possible, other genetic determinants for the use of color are cited.

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# SOME COMMENTS ON THE PSYCHOLOGY OF C. G. JUNG

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Through the publication of Jung's Collected Works, a venture made possible by the Bollingen Foundation, his writings have become accessible to the English-reading public. Some, it is true, were available in English before, and some were originally published in English. However, the versions in the Bollingen series are not mere reprintings or translations but include recent revisions and elaborations. In addition, the major writings of several of Jung's disciples (32, 34, 58) have also become available in English. Twenty volumes have already been issued, and new ones still continue to appear.

It is not the authors' intention to present a comprehensive analysis of the Jungian system of psychology, for which the reader is referred to the excellent work by Glover (23). Rather, this essay, which is in nature an extended review, will focus mainly on Jung's few recent works.

Since 1913 some original issues raised by Jung (39) have lost importance and new ones have appeared in their place. Thus, Jung's original objection to Freud's distinction between sexual instincts and ego instincts became largely of historical interest as far back as 1923 when Freud introduced the structural viewpoint (14), paving the way for the development of contemporary ego psychology (30). However, as a result of more recent developments, the Freudian and Jungian schools have, if anything, grown even further apart.

The development of distinctly Jungian concepts as they appear in the recent writings of Jung and his followers seems to have been a gradual process. When Jung published the original version of his *Psychology of the Unconscious* (40) he had already made some attacks on psychoanalytic theory. This early work has since been thoroughly revised in line with more recent

developments of Jungian psychology, and the revised version is entitled *Symbols of Transformation* (44). But in this volume Jung still cites Freud extensively and, to a lesser extent, other psychoanalytic authors, and he seems to accept much, though not all, of Freud's theory of dreams and of sexual symbolism. That the indebtedness of 'analytic psychology' to Freud was emphatically acknowledged at that early period is evident from the Introduction written by Beatrice M. Hinkle, who had translated the original volume into English (42).<sup>1</sup>

In the preface to *The Psychology of Dementia Praecox* (42), Jung wrote that from the very beginning he had 'naturally entertained all the objections which are advanced in the literature against Freud', but felt that 'Freud could only be refuted by one who himself had made much use of the psychoanalytic method'. Though acknowledging his indebtedness 'to the ingenious conceptions of Freud', he expressed reservations about the 'exclusive' importance of infantile sexual trauma 'seemingly attributed to it by Freud' and about the 'psychological universality' which Freud 'apparently' assigned to sexuality. As regards Freud's therapeutic method, Jung stated that 'it is at best a possible one, and perhaps does not always offer what one expects for it theoretically'. Obviously, from the very start Jung had not fully agreed with fundamental psychoanalytic concepts.<sup>2</sup>

<sup>1</sup> It may be of interest to note that as late as 1936—when the cleavage between the Freudian and Jungian schools was already very sharp—Brill, who many years earlier had received part of his clinical training at Burghölzli, wrote a very favorable introduction to this reprinting of Jung's early monograph on schizophrenia (42).

<sup>2</sup> The underlying motivation of Jung's ambivalence toward psychoanalysis may have become clearer years later, as, for instance, in the following statement:

'Freud has made a courageous attempt to elucidate the intricacies of dream psychology with the help of views which he gathered in the field of psychopathology. Much as I admire the boldness of his attempt, I cannot agree either with his method or with its results. He explains the dream as a mere façade behind which something has been carefully hidden. There is no doubt that neurotics hide disagreeable things, probably just as much as normal people do. But it is a serious question whether this category can be applied to such a normal and world-wide phenomenon as the dream. I am rather inclined to quote another Jewish authority, the Talmud, which says: "The dream is its own interpretation.'

Whatever may be the merits of Jung's psychology as such, the fact is that some of his concepts have had a considerable influence on thinking and research in psychology and psychiatry. There is now an extensive literature on the concepts of introversion and extroversion (7, 27, 57, 64), some of it departing rather far from the original Jungian notions, most of it, nevertheless, showing traces of Jungian influence, an influence also discernible in the literature on projective techniques. The very terms 'introversion' and 'extroversion' have become part of the common language. Moreover, Jungian concepts have influenced literature and art.<sup>3</sup> Some social scientists (60, 61, 63), although often critical of Jung's specific theories, particularly his doctrine of the archetypes and of the collective unconscious, have expressed considerable interest in his approach, regarding it as free from the 'reductionism' they attribute to Freud.

Jungian psychology, with its emphasis on the archaic and its tendency to passive preoccupation with symbolic content, stands in strong contrast to the rationalism and determinism characteristic of Western thought in general and of modern science in particular. In this respect Jungian psychology resembles existential psychiatry, some of whose exponents (4) are much more explicit than Jung in their rejection of rationalism and the modern scientific tradition. Both Jungian and existential psychiatrists focus much of their criticism of psychoanalysis on what they describe as 'reductionism'; both show considerable interest in Zen Buddhism, another approach which emphasizes

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... The dream is a natural occurrence, and there is no earthly reason why we should assume that it is a crafty device to lead us astray. . . ." Moreover, we know so little about the psychology of the dream process that we must be more than careful when we introduce into its explanation elements that are foreign to the dream itself' (46, pp. 26-27).

This somewhat facetious and sarcastic statement sheds proper light on the nature of Jung's longstanding and 'archetypal' hostility to Freud. It is in itself significant how from a great variety of Talmudic references to dream interpretation Jung chose the most suitable one for his 'inclination'.

<sup>3</sup> Thomas Mann made extensive use of the term 'archetype' in his Biblical series. A detailed study of the influence of Jungian psychology on Hermann Hesse has been made by Maier (54).

the limitations of the human intellect. Moreover, the existential school with its phenomenological emphasis tends to underplay the role of the individual unconscious.

To point out these similarities is not, of course, to deny the existence of some real differences between the two schools. On the one hand, some existentialists have outdone Jung in rejecting the notion of causality (4; cf. 18). On the other hand, the notions of archetype and of racial unconscious that give a specifically mystical flavor to much of Jung's psychology play no role in existential psychiatry which shows relatively little interest in phylogenesis. As a matter of fact, Boss objects strongly to the Jungian theory of archetypes because it attempts to explain phenomenal data in terms of hypothetical constants not directly experienced. From his standpoint the charge of 'reductionism', which both he and Jung level at Freud, is even more applicable to Jung's theory of the archetypes.

Although Jung has not fully abandoned the notion of causality, he has supplemented it with the concept of 'synchronicity', an ambiguous term which allows room for exceptions to causality. Thus for him, Rhine's experiments, which he accepts wholeheartedly, 'have demonstrated that space and time, and hence causality, are factors that can be eliminated, with the result that acausal phenomena, otherwise called miracles, appear possible. All natural phenomena of this kind are unique and exceedingly curious combinations of chance, held together by the common meaning of their parts to form an unmistakable whole' (48). Later in the same paragraph, Jung makes another statement which seems to imply that the principle of synchronicity represents a confession of ignorance concerning underlying relationships, rather than a positive theory: 'Causality is the way we explain the link between two successive events. Synchronicity designates the parallelism of time and meaning between psychic and psychophysical events, *which scientific knowledge so far has been unable to reduce to a common principle*' (italics added). Jung's search for meaningful coincidences is responsible for his interest in the Book of Chance, a Chinese book of riddles



in which the elements are juxtaposed in chance combinations.

Jung's recent writings on synchronicity and his enthusiastic endorsement of Rhine's work sharply contrast with some of his earlier views. In *Psychology of the Unconscious* (1931) he rejected the notion of precognition in dreams as unlikely, but he accepts it in his more recent works (46).

Jung has repeatedly asserted that his approach to the psychology of religion involves no assumptions as to the truth or falsity of religious doctrines. Glover (23) has aptly noted that Jung's position is essentially that of an agnostic who, in his role as psychotherapist, favors religious experience not on the ground of its truth value, but on the ground that such experience is emotionally satisfying. As Glover further notes, this emotional gratification in religious experience, which is sought by Jungian therapy, is essentially narcissistic.

A somewhat similar criticism is expressed by Fromm (19), who points out that problems pertaining to the truth or falsity of religious propositions and problems of ethical conduct are of crucial importance to religious thinkers but play practically no role in Jung's psychology.<sup>4</sup>

<sup>4</sup> Jung's attitude toward religion has led to criticism by some theologians. A prominent Catholic author (22), declared that Jung 'does not really understand the dogmas and rites of Christianity about which he speaks', and that 'notwithstanding his good faith he has made analysis neither Christian nor acceptable to Catholics'. Another Catholic authority (24), while utilizing Jungian concepts, nevertheless expressed strong objections to Jung's attitude toward religion. On the other hand, Jung has received strong endorsement from White (69) and some other Catholic ecclesiastical authors.

Certain Protestant criticisms of Jung's writings have also been voiced, particularly following the appearance in 1954 of *Answer to Job*—subsequently included in *Psychology and Religion: West and East* (46)—although some Protestant comment has been on the favorable side.

Criticism has also been voiced by the Jewish author, Martin Buber (6), who maintains that Jung is essentially asserting a tautology by his emphasis on the psychic character of the God concept, since experiencing is by definition psychic; this is in spite of an explicit denial by Jung that such emphasis is tantamount to denying the extrapsychic existence of God. The latter point, which has been explicitly denied by Jung, seems somewhat overdrawn. It would be more correct to say that Jung shows very little concern about the question of correspondence between the God archetype and extrapsychic reality.

## SCOPE OF THE JUNGIAN SYSTEM

In a recent discussion of psychoanalysis as a system of psychology, Rapaport (62) observed that none of the deviant schools had ever presented a system comparable in scope to that of the psychoanalytic system. This statement holds eminently true for the Jungian system, especially for its most recent structure. There is, for instance, very little in Jung's later writings to equal the wealth of current psychoanalytic formulations concerning early childhood development, ego psychology, or the vicissitudes of aggression. In fact, despite the vast body of Jung's publications, very little in his recent works can be described as clinical, although some of his early contributions (42, 45) did indicate outstanding gifts in this area. Such references to Jungian psychology as are found in contemporary psychoanalytic journals pertain nearly always to Jung's early works.

It may be argued that at this stage in his career Jung is concerned primarily with the psychology of religion and art, not with the consolidation of a conceptual system. However, the fact remains that his introduction of such concepts as the archetype raises questions which need to be answered if his propositions are to be adequately evaluated.

The more recent psychoanalytic sources are hardly ever cited in contemporary Jungian literature. References to Freud have become fewer in number, less favorable, and usually pertain only to Freud's early writings. To use Jung's own term, one might say that his psychology is primarily 'introversive'. Indeed it focuses mainly on the description of certain types of mental content and places very little emphasis on social relations. Even among the 'introspective' psychologies, the Jungian system occupies a rather narrow area. Its central topics are images and the feelings and thoughts associated with these images. The phenomenology of reasoning, problem solving, and memory, as well as perception in the technical meaning of the term, are of only marginal concern to Jung.

## THE ARCHETYPES AND THE COLLECTIVE UNCONSCIOUS

These two closely interrelated concepts play a key role in Jungian psychology. The term *archetype*, borrowed from early Christian writings, stands for mental predispositions independent of individual experience, which have their source in the collective unconscious.

Although Jung had introduced the idea of the archetype in 1919, it was not until 1946 that he formulated an important distinction between the archetypes proper, which are in the nature of *predispositions*, and 'archetypal images', defined as their *psychic representations*. Strictly speaking, therefore, at least in his later and more careful theoretical formulations, he does not postulate an inheritance of specific mental content. But even his most recent writings (46, 47) abound in the phenomenological descriptions of anthropomorphic figures, such as *anima*, *animus*, or *shadow*, which occasionally intrude into waking consciousness or make their appearance as dream figures. According to Jung, these archetypal images appear phenomenally as entities having an external existence, rather than as parts of the self.<sup>5</sup>

To make matters still more complex, Jung makes frequent references to archetypes which are even more specific in their content: *Christ archetype*, *archetype of rebirth*, *child archetype*, *archetype of the Great Mother*, and so on. To be sure, he qualifies this by saying that archetypes as such can never be fully known, since they are buried deep in the collective unconscious and any knowledge about them can be gained only through their more accessible manifestations. However, the basis for the transition from contentless predispositions to such relatively specific structures as the Christ archetype remains obscure.<sup>6</sup>

<sup>5</sup> Jung explains the presence of the *anima* in the male and the *animus* in the female in terms of biological bisexuality, paralleling the presence of genes of the opposite sex. This does not elucidate, however, why these images are experienced as being external to the self.

<sup>6</sup> According to Jung, the archetypes are built up gradually through a process whereby accretions based on the experience of many generations are transmitted

Archetypal qualities are attributed by Jung and his followers to a wide variety of artistic, cultural, and dream materials. Archetypal images are assumed in Jungian psychology to be dependent to some extent on cultural factors and individual experience, but the basic archetypal predispositions are assumed to be independent of individual experience. One of the criteria which the Jungians use to establish archetypal origin is that of the universality, or, rather, the independent origin, of certain themes or motifs (e.g., the theme of rebirth). The other criterion, usually less explicitly formulated, is *numinosity*. As far as can be gathered from Jacobi's formulations (33, 34), dream content is considered close to the archetype if it makes a deep impression on the dreamer for which he cannot account. Jacobi (33) presents a number of drawings which are supposed to show archetypal content. It seems true that they convey strong emotional impressions and that the reasons for these impressions are difficult to formulate in verbal terms; this, of course, does not necessarily mean that the Jungian hypothesis concerning the basis for these impressions is correct.

If the distinction between archetypes and archetypal images is taken seriously, a difficulty arises concerning the use of *numinosity* as a criterion of archetypal origin. Since all psychic events are to some extent determined by psychic predispositions, one comes to wonder whether there are any experiences which are not archetypal. The problem thus posed is not an insoluble one. One might assume, for instance, that some content is closer to the archetype than other content. However, the Jungian literature is not specific on this point, and the criterion of *numinosity* implies the assumption that content is inherited.

In a recent volume (47) Jung makes the startling assertion that what is usually regarded as projection of parental images is really a reflection of the archetypal parent figures. He main-

to the offspring. This essentially Lamarckian position provided Jung with a pseudoscientific justification of his anti-Semitic leanings. In more recent writings he occasionally condemned the Nazi persecution of the Jews. However, as editor of the *Zeitschrift für Psychotherapie* he shared some of the responsibility for the racist doctrine officially endorsed by that journal (23).



tains that parent images based upon actual experience are least likely to be unconscious and are therefore not subject to projection. He does not even consider the possibility that individuals carry not one but a series of images of each parent, and that such images differ both in the degree to which they are accessible to consciousness as well as in the developmental level from which they originate (10). Obviously, Jung's theory cannot account for those transference phenomena which are usually interpreted as an unconscious equation of the therapist with the parent figure. One also wonders what predictions one could make using this parent-archetype theory concerning children whose early experience provided no opportunity for forming long-range attachments to parents or to parent substitutes. Anna Freud's clinical observations (11) show that such children do not seek attachment to parent substitutes later. One wonders also how Jung's theory would explain the fact that some children who lose their parents under traumatic circumstances at an early but postinfantile stage, and who have no conscious recollection of the parents, nevertheless express through their TAT stories strong feelings relating to parent figures. There are obviously no criteria that enable one to determine the presence or absence of the parent archetype from behavioral data.

Although Jung acknowledges the operation of repression, he assigns it a relatively limited role. In his conception, only the individual unconscious can be based upon repression; the contents of the racial unconscious never fall subject to repression because they never existed in the individual conscious (47).

On the other hand, some of his statements seem to suggest that archetypal content may be repressed or suppressed precisely because it becomes unacceptable in the course of cultural development. He repeatedly asserts that the primitive concept of God combined the notions of benevolence and malevolence, and that the malevolent aspect disappeared only gradually (47). This process evidently implies repression or suppression. Moreover, in his discussions of the vision of St. Nicholas (46, pp. 316, ff., 574; 47, pp. 8, ff., 63, ff.), Jung apparently postulates a

repression (or partial repression) of unacceptable archetypal content which had broken through into consciousness.

### PREFIGURATION

What Jung calls *prefigurations* are those universal myths which originate in certain basic human situations. According to him, the historical data concerning the life of Jesus are of secondary importance compared with the fact that, almost as soon as he appeared on the scene, details of his life began to be elaborated in line with a pre-existing Christ archetype. Jung further contends that some aspects of the Christ myth were 'prefigured' in Jewish sources; e.g., in the story of Abraham and Isaac, where the theme of sacrifice of son by father anticipated an important feature of the story of the Crucifixion. As Jung points out, a reference to the sacrifice (or rather, the near-sacrifice) of Isaac is indeed a regular feature of the Mass.

However, there are differences between the legends of Isaac and of Jesus as important as the similarities. Jesus in the Christ myth is a divine being who knows that his crucifixion is necessary for the redemption of others, and who also knows that, notwithstanding His sacrificial death, He is destined for eternal life. In contrast, Isaac in the Jewish legend is a strictly human child, whose role is essentially passive; the stated purpose of the proceeding is not at all to sacrifice Isaac's life, which is saved at the last moment by divine intervention, but to test Abraham's obedience to God.<sup>7</sup>

<sup>7</sup> Beside the common theme of sacrifice, there is another parallel between the myths of Isaac and of Jesus: each was supposed to have been born through an unusual process involving divine intervention, and in both cases this intervention was linked to a purpose of far-reaching significance in the predetermined pattern of human history. But this parallel between the two legends should not be overestimated. The conditions of Isaac's birth were unusual. His mother, long past the age of childbearing, was enabled to conceive by a special act of God and his birth was especially important because it was necessary for the perpetuation of the Jewish nation and of Judaism. Yet Isaac is a human being with a human father and a human mother, and indeed one of his chief functions in carrying out God's will is to procreate offspring through the usual biological processes. In contrast, the Jesus legend envisages a paradoxical figure simul-

As for the prefiguration of the story of Jacob and Esau by that of Cain and Abel, both legends do reflect the ubiquitous theme of sibling rivalry, and the concept of prefiguration here is used essentially to stress the universality of such a theme. However, it is not methodologically sound to use prefiguration to exemplify the development of archetypes, which are presumably more complex than the basic themes of the prefigurations. After all, one might as well say that Napoleon's story was prefigured by Caesar's and that the popular image of Einstein was prefigured in the popular image of Newton. The analogy is certainly not complete, but it does point to an arbitrary element in Jung's selection of the archetypal figures.

### SYMBOLISM

In psychoanalytic theory the meaning of symbols is attributed either to experience or to structural similarities between symbol and the symbolized. In contrast, Jungian psychology considers symbols to be determined mainly by phylogenetic factors. As Glover (23) points out, the phylogenetic factors that Freud postulated were of the same kind as the ontogenetic ones, representing essentially an accumulation of similar influences over a number of generations. In Jung's system the phylogenetic factors are the very archetypes whose meaning cannot be discovered on the basis of individual experience (32, 34).

According to the psychoanalytic concept, as formulated by Jones (36), 'A symbol is a representative or substitute of some other idea from which it derives a secondary significance not inherent in itself'. Symbols may have a multiplicity of simultaneous meanings and, with some exceptions, are expressible in ideational or verbal terms. Again in contrast to this view, Jungians assert that the meaning of symbols is largely inexpressible in words. In fact, since the symbol is for them essentially the archetype, one questions whether they draw any rigor-

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taneously human and divine, the Son of God, yet identical with God the Father. He is born and dies at specific points of time, yet has existed from the beginning and is immortal.

ous distinction between symbol and the symbolized. (Jung's characterization of the Christ archetype as a symbol of the self does not seem to provide a genuine exception to this.) Perhaps what they understand as symbol can better be described, in phenomenological terms, as a system of closely interrelated affects, images, and ideas.

Moreover, according to psychoanalytic theory, 'all symbols represent ideas of the self and the immediate blood relatives, or of the phenomena of birth, love, and death' (36). While the number of objects used as symbols is large, the number of objects represented is limited. This limitation does not prevail in Jungian psychology, since the development of specific archetypes seems to be ascribed essentially to accidental factors in phylogenetic history. Even in his relatively recent writings, Jung gives recognition to the fact that symbols of the kind described by psychoanalytic theory do occur, but he assigns a secondary importance to them.<sup>8</sup>

### PSYCHOTHERAPY

Although Jung and his associates have written extensively on psychotherapy, a coherent picture of Jungian therapy is not easy to obtain. On the one hand, Jung stresses the need for extreme caution in seeking the individual meaning of symbols and repeatedly characterizes the process of therapy as a 'dialectic' process in which the patient and the therapist are exploring

<sup>8</sup> In presenting data with possible symbolic meanings, Jung does not always consider possibilities of interpretation in terms other than his own. His treatment of the vision of St. Nicholas (46, pp. 316, ff., 574; 47, pp. 8, ff., 63, ff.) may serve as an example. Jung rightly emphasizes that the terror which this vision aroused in the saint was quite out of line with the prevailing religious doctrine that viewed God as benevolent, and considerable elaboration was needed before the vision could be described in a theologically acceptable form. According to Jung, the source of the terror was in the archetype. Here he overlooks another possibility. The original vision, so far as can be gathered from the limited amount of information available, had some of the characteristics of a nightmare. Jones (35) has suggested that the experience of terror in the nightmare arises from guilt feelings resulting from fantasy gratification of œdipal impulses. The terror experienced by St. Nicholas might thus have been an expression of guilt derived from œdipal sources. (Cf. discussion of Jacobi's 'amplification' procedure [32, p. 21, ff.]



very difficult territory (43). On the other hand, in his introduction to a book by Jacobi (34), Jung endorses it as containing a correct summary of his views although it seems to be inconsistent with this approach.<sup>9</sup> For, according to Jacobi, *amplification*, which she presents as the main method of Jungian therapy, is 'not a causally connected chain of associations to be followed backward, but a broadening and enrichment of the dream content with all possible similar, analogous images'. It is 'further distinguished from free association in that the associations are contributed not only by the patient or dreamer but also by the physician', and often 'it is the latter who through his contribution of analogies determines the direction that the associations of the patient take'. Moreover, amplification 'must be applied to all the elements of the dream content', since only then 'does the full picture come into being out of which the "meaning" can be read' (pp. 80-81). Jacobi compares this procedure with what she calls the freudian method of 'reduction' whereby the separate elements of the dream content are viewed as distortions of 'originally different contents'. In contrast, amplification is supposed to illuminate all possible meanings of the dream elements in their 'contemporary, present significance'.

To illustrate the procedure of amplification, Jacobi presents a detailed discussion of a dream of an eight-year-old girl who called it *The Dream of the Bad Animal* and recorded it in a notebook. The child died a year later of scarlet fever. Jacobi's interpretation, done without the aid of the dreamer's own associations, apparently incorporates comments made by Jung in a seminar on children's dreams. The little girl's description of her dream was as follows:

Once in a dream I saw an animal that had lots of horns. It spiked up other little animals with them. It wriggled like a snake and that was how it lived. Then a blue fog came out of all the four corners, and it stopped eating. Then God came, but

<sup>9</sup> To complicate matters, Jung repeatedly states that he finds freudian as well as Adlerian therapy appropriate for some types of cases. In one of his recent publications (48, pp. 204-205) Jung makes a brief reference to *amplification* (or,

there were really four Gods in the four corners. Then the animal died, and all the animals it had eaten came out alive again.

In her amplification of this dream Jacobi emphasizes the cosmic character of its theme; she also notes that human beings do not appear, all of the dream figures being either subhuman or superhuman, and that the dreamer plays no role in the dream, an observation which is certainly correct so long as one limits one's attention to the manifest content. Again using manifest content, Jacobi indicates—in line with a Jungian notion—that the dream has the structure of a drama, the dramatic events taking place at an unspecified point in (universal) time. Jacobi's interpretations of the particular symbols deal essentially with the manifest content of the dream. There is no associative material to support or refute them.

Moreover, Jacobi shows a conspicuous tendency to omit or underemphasize precisely those possible connotations which would involve oral, anal, or genital symbolism, and to overlook the fact that a symbol may have the function of concealing a hidden meaning. She notes the 'phallic significance of horns', for example, but overlooks other possible phallic interpretations of the dream symbols. Her emphasis, even when she points to phallic symbolism, is upon archetypal images which bear no relation (or only a remote one) to the sexuality of the dreamer. The latter is considered a mere passive spectator, not only in a phenomenal, but also in a causal sense.

However, the most crucial difference between the Jungian and the psychoanalytic interpretation of the dream goes far beyond the question of meanings assigned to individual symbols. It concerns the very source of the symbolism, as well as its relationship to current problems engaging the dreamer. In Jacobi's view *The Dream of the Bad Animal* is an archetypal

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more specifically, 'spontaneous' or 'natural' amplification). It is, however, clear from the context that he is referring to an elaboration of archetypes (which, as such, do not appear in consciousness) into archetypal images.

dream, a resurgence of fantasy content derived from the racial unconscious, which presents cosmic meanings beyond the comprehension of the dreamer. Taking at face value one of its manifest characteristics, namely, the position of the dreamer as a passive observer having no direct part in the drama, she is led to conclude that the child's own personality and problems had virtually nothing to do with this dream.

We referred above to Jung's distinction between archetypes (predispositions) and archetypal images (their psychic representations), a distinction which clearly implies that individual experience does play some role in shaping the specific content of an archetypal fantasy. From this standpoint, therefore, the issue would be whether such fantasies are demonstrably related to current problems faced by the dreamer. Jacobi's conclusion in this respect may be connected with her selective bias in emphasizing some possible meanings while paying no heed to others. For example, had she considered the possible meaning of the *quaternity* symbolism as a denial of male sexuality, this might have suggested the further possibility that such denial had a definite significance in terms of the psychosexual conflicts of an eight-year-old girl. Moreover, if denial of male sexuality is surmised to be one of the major latent themes of the dream, certain other details begin to make sense in this light. Thus the bisexuality of the Bad Animal—which Jacobi recognizes, but interprets exclusively in archetypal terms—may be seen as a possible expression of the little girl's conflicts about her own sexual role, an assumption that would fit into Jung's notion of interpretation at the 'subjective level'. The fact that the Bad Animal, which is defeated at the end by the divine quaternity, has a horn, might similarly lend support to an interpretation of the dream as representing symbolically a defeat of the male by the female or a denial of the existence of the penis. And finally, the fact that the dreamer does not see herself as one of the actors in this dream might signify denial or repression of the latent content, rather than indicate the archetypal character of the dream. Such alternative inferences may easily be drawn from

the dream's manifest content and from the age and sex of the dreamer, even though one cannot conjecture about the personal meanings the child's symbols had for her.

The additional interpretations suggested here would not invalidate Jacobi's thesis that the dream expresses a cosmic theme. The principle of overdetermination allows for supplementary explanations, and the cosmic theme, in this instance, need not be incongruent with the theme of denial of male sexuality.

Again, in the conception of Jung and Jacobi, the dreamer's individual conflicts are assigned a minor role, at least with regard to archetypal dreams. The arousal of a particular archetypal source would seem to be largely a matter of chance. Although the biographical factor is recognized, its influence is limited to providing specific imagery for a universal archetype.

From the psychoanalytic point of view, the role of symbols is somewhat analogous to the role of words in a language. Some symbolic meanings are assumed to be virtually universal, but their specific application is always a matter of context which, as we know, usually can be understood only via information about the dreamer which does not form part of his manifest dream. We may legitimately raise the question whether Jacobi, on the basis of the scanty data at her disposal, has justified her conclusion that this dream did not reflect the child's individual wishes and conflicts.

An interesting sidelight on this problem is provided by Karon (50) in a paper describing the case of a paranoid schizophrenic for whom the number four had a special mystical significance. Karon interprets this patient's use of the number four as a symbolic denial of the male genital and cites some evidence supporting his interpretation. He suggests that the same meaning may be present in the quaternity symbolism so often referred to by Jungian authors. He also uses his clinical example to refute assertions made by Jung, Fromm (20), and C. S. Hall (28, 29), that symbolism is simply a primitive language and need not involve a function of concealment. In this paper Karon also notes that, while Jacobi characterizes odd numbers as



masculine and even numbers as feminine, she does not relate this symbolism to the genitals.

Since we cannot know any associations of the eight-year-old girl to her quaternity dream, we cannot judge whether this symbol had the same sexual meaning for her as for Karon's patient. However, in view of what we know of the latency period, it does not seem unlikely that the quaternity symbol may here also have represented a denial of the male organ.

It is rather difficult to judge, on the basis of published reports, just how large a role amplification actually plays in Jungian therapy. But if we are to take literally Jacobi's indication that this is one of the main procedures used to interpret archetypal content to the patient, and if the selective bias shown by Jacobi in her analysis of *The Dream of the Bad Animal* and by Jung in his interpretation of the vision of St. Nicholas (46, pp. 316, ff., 574; 47, pp. 8, ff., 63, ff.) is typical of Jungian interpretations in general, the conclusion seems inescapable that the course of therapeutic interpretations is guided to a considerable extent by the therapist's preconceptions as to the archetypal meanings of the symbols.

It goes without saying that such arbitrary interpretations not only affect the transference situation but must inhibit the spontaneous development of the patient's associative processes. In virtually every analysis there are occasions when symbolic meanings not immediately apparent to the patient are suggested to him. Ordinarily, however, such suggestion by the psychoanalyst remains distinctly subordinate to free association by the analysand. In the method of amplification, the situation appears to be reversed: the suggestion of meanings by the therapist is given the primary role. Apart from any implications this procedure may have in terms of therapy, it raises a serious methodological problem. Since presumably most of the suggested meanings refer to archetypal content, the question arises to what extent clinical material which is supposed to support the Jungian notions about archetypes is itself a result of suggestion.

Two other points of emphasis in Jungian discussions of

dreams and of symbolism deserve comment. One is Jung's distinction between objective and subjective methods of dream interpretation. The other is his differentiation between causal and teleological dream analysis. Both these distinctions date from a period when Jung's position was much closer to Freud's than it became later.

According to Jung, the objective method seeks to interpret dream figures as representations of external objects; the subjective method seeks to interpret them as representations of various aspects of the dreamer's personality. All or most dreams contain images representing simultaneously some aspects of the self and external objects, and can thus be interpreted at both the subjective and the objective level. This idea is essentially in line with the psychoanalytic concept of overdetermination. Viewed either in theoretical or in technical terms, the distinction seems to be sound but does it constitute a real departure from psychoanalytic theory?

Much the same can be said regarding Jung's distinction between causal and teleological interpretation. At the time of its introduction Jung still accepted the principle of causality, which he seems to have at least partly abandoned in later years (48, pp. 5-6). However, he felt that the causal analysis in terms of the past should be supplemented by a future-oriented analysis that emphasized the goals and strivings expressed by the dream. Again, it is doubtful whether Jung here advanced anything basically different from the standard psychoanalytic procedure. Freud's emphasis on causal interpretations in *The Interpretation of Dreams* (12) resulted, of course, from the fact that he was concerned with *explaining* dream phenomena in a scientific manner. When Jung speaks of the teleological approach, he refers mainly to the *utilization* of dream data as part of the therapeutic process. In any case, future-oriented interpretations must often depend upon prior analysis and understanding of the dream material in causal terms.

The distinction between the objective and subjective levels of analysis forms an important part of widely accepted princi-

ples of Rorschach interpretation and of the interpretation of Human Figure Drawings, although usually it is not formulated in precisely these terms.

An example of the simultaneous and mutually supplementary use of the objective and subjective interpretation of projective test data is the technique described by Machover (53), in which the subject is asked to draw human figures, which are assumed to reflect the images of the parents. If the drawing of the female figure is larger than that of the male, for instance, this is considered to indicate that either in reality or at least in the subject's perceptions the mother was the dominant figure in his childhood ('objective' interpretation). On the other hand, if the feet of one or both figures—particularly the same-sex figure or, more precisely, the one corresponding to the subject's dominant sexual identification—should be omitted or not clearly drawn, this might be taken as a metaphorical projection of the subject's feeling that he lacks a solid footing in the world ('subjective' interpretation).<sup>10</sup> Of course, this mutually complementary use of objective and subjective modes of interpreting the figure drawings is predicted, at least implicitly, on the psychoanalytic concept of overdetermination.

### THE CONCEPT OF THE MANDALA

One of Jung's important empirical observations pertains to what he termed the *mandala*: essentially a circular pattern, with multiform variations, which appears to play an important role in religious ceremonies of diverse cultures. He found that it was also being spontaneously produced by some patients in drawings and paintings. Quite apart from the question of their theoretical meaning, Jung's pictorial documentation of these findings is indeed impressive. In a very recent clinical paper (43)

<sup>10</sup> Since this example serves only to illustrate the distinction between objective and subjective modes of interpretation, we cannot go into whether such metaphorical representations belong under the heading of symbolism. There is a difference in this respect between the classical formulation of Jones (36) and more recent psychoanalytic views as formulated by Kubie (52).

he presented a long series of paintings by one of his patients, and discussed gradual changes in the character of these paintings in terms of the transformation of the mandala symbol.

From Jung's viewpoint the source of this symbolism is archetypal. But there is a striking difference between the mandala and many of the other archetypal images which Jung postulated, since it refers primarily to a geometric form rather than to a 'content' with anthropomorphic attributes. Although the mandala symbol, as Jung conceived it, seems to be somewhat anthropomorphic too, it clearly differs in this respect from the Christ symbol, for example.

The concept of the mandala bears a certain resemblance to the views of gestalt psychologists (1, 31, 51) who maintain that preference for symmetry and simplicity in geometric forms is independent, to some extent, of specific experience. Thus, Arnheim's comment on the Jungian mandala symbolism is of considerable interest: 'The reader will recognize the mandala as a form of the sunburst pattern, which was found to be characteristic for an early stage of differentiation. The universal occurrence of the pattern in children's drawings would seem to be sufficiently explained by the need of the young mind for visual order at a low level of complexity. At the same time such patterns are able to symbolize deepest insights into the nature of the cosmos as they are intuited and shaped by the unconscious and the conscious mind. This demonstrates the unity of the mind, which needs and creates the same forms in the outermost layers of sensory perception and in the hidden core, from which dreams and visions originate' (1, p. 167).

This idea would not be incompatible with Karon's (50) understanding of the mandala symbol as a denial of male sexuality. Arnheim's interpretation in terms of form and Karon's interpretation in terms of content seem entirely congruous on the basis of overdetermination.<sup>11</sup>

<sup>11</sup> According to Jacobi (34), Jung's belief in the archetypal nature of the symbolism of the number four lies at the basis of his classification of psychological types into the four subclasses (thinking, feeling, sensory, intuitive) which cut



## EASTERN VERSUS WESTERN RELIGIONS

According to Jung (46), one of the characteristics of Western as compared with Eastern thought is that 'with us a thought has no proper reality; we treat it as if it were nothingness. . . . We can produce the most devastating fact like the atom bomb with the help of this ever-changing phantasmagoria of virtually nonexistent thoughts, but it seems wholly absurd to us that one could ever establish the reality of thought itself' (p. 480). This is by no means an isolated idea, but a theme frequently emphasized in Jung's recent writings.

While this statement does point up a peculiarity of the Western attitude toward life, it certainly is an exaggeration. Some of the major developments in the study of the psyche have come from the West; and though it is true that the great Western creeds originated in the Middle East, religious meditation has long been part of the Western tradition.<sup>12</sup>

Jung continually stresses what he considers an inadequacy or incompleteness in Western religious concepts in which God is viewed as a purely benevolent entity, in contrast to certain Eastern concepts of God as simultaneously good and evil. Thus the doctrine of the Trinity, although derived from an archetype, appears incomplete because it does not include a representation of the forces of evil; e.g., by Lucifer, who as an older son of God is a perfect counterpart to the figure of Christ.

Jung's insistence on the incompleteness of the Trinity reflects two of his major contentions: 1, that the concept of a divine quaternity is archetypal in character; and 2, that the really primordial archetypal images combine in themselves the notions of good and evil. To support the first contention, and

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across the two major categories of introvert and extravert. This fourfold classification obviously is an arbitrary one. It has raised much less interest than Jung's main distinction between introversion and extraversion.

<sup>12</sup> Some findings reported in a recent volume by Morris (55) seem to indicate that Jung's East-West dichotomy is at least an oversimplification. Morris, who administered a 'Ways of Life' questionnaire to students in various countries, found considerable similarity between response patterns in the United States and in Oriental countries, especially China.

also the archetypal significance he attaches to the square, the number four, and to various geometric and numerical variations on the quaternity theme, Jung cites a large number of ancient examples of quaternity symbolism. The notion that the primordial archetypal images are simultaneously good and evil finds perhaps its most elaborate expression in Jung's Answer of Job (46), which sets forth the idea that the God represented in the Book of Job was a God whose qualities of self-consciousness were still quite rudimentary and who was simultaneously evil and good. (Jung's analysis of the concept of God, as reflected in the Book of Job, raises problems which alone would require extensive discussion beyond the scope of this paper.)

In presenting these notions, Jung repeatedly affirms that he is not a theologian and that he is concerned with the psychological aspects of the experiences, rather than with their truth value. Nevertheless, one can hardly escape the impression that he places a high value on experience which conforms closely to the archetype.

One of the features of Zen Buddhism which Jung finds particularly impressive is the use of paradoxical or sometimes deliberately nonsensical answers to questions as a means of emphasizing that a given problem does not lend itself to a purely rational solution. He does not advocate that the West take over the Eastern modes of thought; in fact he maintains rather emphatically that Western man must continue to cultivate his own distinct traditions. Nevertheless, he regards Eastern tradition as superior from the archetypal standpoint. In making these comparisons Jung inevitably becomes involved in difficulties he does not explain away. For example, it is not clear whether the archetypal images of one culture are superior to those of another because they are closer to, or because they are further removed from, the archetype. He leaves equally unclear whether the Christian Trinity is an amputated form of an earlier quaternity or the product of an arrested development.

Even though he regards the Trinity as less complete than a

quaternity, Jung finds some highly attractive features in this Christian doctrine. One of these is the fact that the concept of the Holy Ghost involves a paradoxical element and represents much more an abstraction than the concepts of the Father and of the Son. Jung notes that in some earlier versions the third member of the Trinity was a female figure (either Sophia or Mary), but he does not describe the introduction of the abstract element as a development of the archetype. He emphasizes instead the paradox in juxtaposing two concrete elements with an abstract one which belongs to a different dimension. The tendency toward such paradoxical formulations, according to Jung, is developed more highly in the Eastern than in the Western religions. Strangely enough, he does not stress the way in which Catholic dogma enhances the irrational aspect of the Trinity doctrine. In the Catholic view, this doctrine is beyond human comprehension and must be believed even though it appears absurd.

Although Jung finds that Catholic doctrine tends to stifle the expression of certain types of emotions which are determined by the archetype, there are other contexts in which he considers Catholicism to be superior. One of these pertains to the dogma of the Assumption, which he calls 'the most important religious event since the Reformation' (46, p. 464). The logical consistency of the papal declaration cannot be surpassed, and it leaves Protestantism with the odium of being nothing but a *man's religion* which allows no metaphysical representation of woman' (p. 465). Jung makes clear in this context that he is not concerned with the dogma's literal truth but with the psychological needs to which it corresponds. To support his thesis that this dogma corresponds to an archetypal need, Jung remarks that in the period before its announcement many visions of Mary were seen by young children. He implies, apparently, that their visions were unaffected or but slightly affected by religious teachings. Yet, Catholic indoctrination begins quite early and since Catholic children are accustomed to seeing pictures of the Virgin, such influence cannot be easily excluded.

## INTROVERSION AND EXTRAVERSION

One of Jung's best-known contributions to personality theory is the typology which he developed in his volume, *Psychological Types* (41). The key categories of this typology are introversion and extraversion.<sup>13</sup> Introversion is characterized by a turning inward of the libido or a withdrawal of interest from the outside world, a mode of adaptation which is essentially regressive. In contrast, extraversion is characterized by an investment of the libido in outside objects. The 'libido' concept which Jung uses in this typology is, of course, the Jungian one (40), which is not specifically limited to the sexual drive even in the broader sense (13) but corresponds more closely to Bergson's *élan vital*. The idea of introversion is derived essentially from a statement by Freud and Breuer (5), subsequently further developed in Freud's writings (15, 16, 17), namely, that repression involves the withdrawal of cathexis from external objects and that the repressed material then undergoes extensive elaboration.

Jung views introversion and extraversion as extreme regions of a continuum, with most individuals falling somewhere in the intermediate region. He adds, however, that in each individual unconscious tendencies incline to compensate for conscious ones, so that one who is consciously introverted tends to be unconsciously extraverted and vice versa. This notion of a mutually compensatory relationship between conscious and unconscious tendencies occupies an important place in Jungian personality theory. Jung, in developing his typology further, assumes that introverted and extraverted individuals differ in the kinds of psychoneurotic disturbances toward which they are predisposed.

Jung makes it quite clear that he regards both introversion and extraversion as compatible both with mental health and with neurosis, but he asserts essentially that *if* there is a neurosis, its form is likely to be related to the individual's position

<sup>13</sup> In this formulation Jung was influenced by earlier typologists, notably Jordan (38) and Gross (25, 26).



on the introversion-extraversion dimension. This assumption has recently been reformulated by Eysenck (8), who has used a statistical model to indicate the postulated independence of the dimension of introversion-extraversion and neuroticism. He has collected statistical data which seem to give support to this notion of independence.

The introversion-extraversion typology has served as a source of hypotheses for a large number of statistical studies, for the most part carried out within the framework of the psychology of individual differences. The problems dealt with fall essentially under two broad headings. The first concerns the internal homogeneity of introversion-extraversion as a dimension along which individuals may be said to differ. The second (which presupposes the existence of such a homogeneous dimension) concerns the correlation between position on the introversion-extraversion continuum and other personality variables.

The evidence on both of these counts is at best inconclusive. Eysenck (9), who reviewed the literature in 1953, presented apparently positive evidence in support of both hypotheses, reformulating them, however, in a framework quite different from that of Jung. Other statistical studies have cast doubt on the genuineness of the introversion-extraversion dimension. Carrigan (7), reviewing more than one hundred studies—many of them published subsequent to 1953—finds that 'the status of introversion-extraversion as a dimension of personality ... remains somewhat tenuous' (p. 357).

From a psychodynamic standpoint the question as to whether individuals can be reliably differentiated on a dimension of introversion-extraversion is of considerably less interest than are some other problems pertaining to the Jungian typology. In fact, the confusing results produced by the numerous statistical studies in this area are not at all surprising in view of the fact that all of these studies tend to view introversion and extraversion as relatively static attributes, rather than as attributes relatively specific to objects and situations.

The Jungian introversion-extraversion hypothesis has, of

course, been criticized by numerous authors. Fenichel (10) emphasized the essentially descriptive character of Jung's introversion-extraversion dichotomy and noted that both withdrawal from the environment and its opposite—the 'flight into reality'—can serve defensive functions. Rorschach (64), Murphy (57), and Fenichel (10) have all questioned Jung's assumption that introversive and extraversive tendencies are negatively correlated.

Jungian typology has also been criticized by social psychologists (65), who are sceptical of personality typologies that do not take the social context into account.

The lack of specificity with respect to objects in the Jungian concept of introversion has been emphasized by Glover, who points to the contrast in this respect between the concepts of Freud and Jung (23, p. 81). Glover also states in this connection that the introversion-extraversion dichotomy, as Jung describes it, holds strictly only for the infant, and that it represents at best an oversimplification when applied to later stages of development. Although Glover does not elaborate on this point, he presumably means that at later stages of development the turning inward is directed in part toward introjected images originally derived from the external environment.

Of greater psychodynamic interest than the issue of individual differences in the introversion-extraversion dimension is the previously mentioned Jungian notion of a compensatory relationship between conscious and unconscious tendencies. This notion, which Jung does not limit to the introversion-extraversion typology, has parallels in psychoanalytic theory, e.g., with reference to the mechanism of reaction-formation. However, as Glover points out, Jung gives the concept of compensation much greater generality than is the case in psychoanalytic theory. Glover also correctly notes that in Jungian psychology the existence of the unconscious compensating tendencies is inferred from conscious end products.<sup>14</sup>

<sup>14</sup> Although fully agreeing with Glover's criticisms, the authors would nevertheless like to note that Jung's conception of the contrast between the surface and the underlying tendencies has found a highly useful application in the Szondi

## SUMMARY

There is no doubt that if Jung had remained close to his original clinical interests, he himself would have elaborated and enriched his early concepts of introversion and extraversion as well as many others. However, in his increasing preoccupation with mysticism Jung appears to have gradually moved further and further away from the empirical roots of his concepts.

It is most appropriate, therefore, before concluding these remarks to remind ourselves of Jung's important role in the development of psychoanalysis. Undeniably Jung was one of the major pioneers and collaborators of Freud, and his contributions to psychoanalysis have left their historical imprint. It would go beyond the scope of this essay to hark back to the years of Jung's enthusiastic collaboration with Freud, except to note that for many years he was a source of inspiration to his co-workers at Burghölzli.

It was indeed an irreparable loss for Freud when Jung, the 'Crown Prince' and logical successor, severed his ties with traditional psychoanalysis and expressed his disbelief in infantile sexuality. In his reminiscences of this period, Jones tells of Freud's deep disappointment over Jung's sudden change. This was particularly difficult for Freud to accept, since it occurred shortly after Jung had contributed an important case study of infantile psychosexual development.

Jung's repudiation of Freud did not prove as astonishing to

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Test, whose rationale involves the use of polar opposites. While already present in the test as originally developed, this notion is even more directly utilized in more recent developments. Thus, the latent profile technique (66), which involves making a secondary selection from the photograph that had not been chosen as either 'likes' or 'dislikes', is based on the assumption that the initial choices represent the relatively more manifest personality, while the secondary choices reflect the more latent personality. The Dur-Moll scale (56, 68) is related more specifically to the concept of *persona*.

While these concepts are derived from Jungian psychology, their use is not dependent on the Jungian framework. In fact, Moser's previously mentioned paper (56) is couched in what are essentially psychoanalytic terms.

many contemporaries, especially to Jones, who had always considered Jung 'a man with deep mystical tendencies that prevented a clear vision of a scientific attitude in general, or a psychoanalytic one in particular . . . the superstructure was brilliant, but the foundation was insecure' (37, p. 215). Be that as it may, Jung's early writings and clinical contributions to psychoanalysis before his mystical period remain basic.

At several points in the preceding comments, references have been made to the relationship of Jungian psychology to projective techniques, but a more general statement concerning Jung's contribution in this area is perhaps indicated here. In the *Journal of Projective Techniques*, Vol. XIX, 1955—an issue devoted to the commemoration of Jung's birthday—these contributions were discussed at some length and received official recognition.

Jung's most direct contribution to projective techniques was his famous study, *Word Association* (49). When Jung published his first paper on this subject he aroused enormous interest in the method and thereby initiated many further studies at Burghölzli. Bleuler (3) himself ascribed great value to Jung's study for future clinical investigation and therapeutic interpretation. And yet these studies did not spring from a vacuum. In fact, the word association method had been originated considerably earlier by Galton (21) and had been used extensively in Wundt's laboratory in studies of reaction time (70). Jung's contribution consisted, however, in utilizing this technique for the exploration of mental contents below the threshold of consciousness and in showing that principles similar to those used in dream analysis could also be used in the analysis of associations. Jung's contribution to other projective techniques—the Rorschach, the TAT and its derivatives, the Szondi, and the various drawing techniques—is less direct but nevertheless unmistakable.

His typology has had a great influence on theories of personality. When Rorschach (64) pointed to the differences between Jung's introversion-extraversion typology and his own



views, he was referring to an early formulation. Rorschach died approximately a year after the publication of Jung's *Psychological Types*, and even if he were familiar with it he would have been unlikely to have had this in mind at the time he wrote his critical remarks on Jung.

Whatever may have been the merits of Jung's early clinical contributions and whatever may have been their influence on general psychodynamic thinking, the fact is that in the forty-odd years which followed the publication of *Psychological Types*, Jung moved further away from clinical observations and became more and more absorbed in studies of mythology and in metaphysical speculations. In this process the psychoanalytic and the Jungian schools moved further and further apart.

While our main critical comments have been directed against these late developments of Jungian psychology, it is necessary to point out that some of them are of definite interest. One of these is the study of comparative mythology and of the parallels between mythological and individual dreams and fantasies (2, 32, 34, 46, 47, 59). The second is the extensive use of pictorial material, largely as a means of investigating such parallels between myths and individual fantasies (2, 32, 33, 34, 59).

Neither of these contributions is limited to the Jungian school. Parallels between myths and unconscious products have occupied the attention of Freud and of many other psychoanalytic authors. Without reference to specifically Jungian concepts, and without the use of pictorial products in the study of such parallels, similar methods have often been used outside the Jungian framework. Nevertheless, the fact remains that the Jungian publications contain a large body of empirical material under these two headings—material which is rarely referred to in psychoanalytic writings. The hesitation of psychoanalytic authors to bring this material into relation with their own work is doubtless due in part to the difficulties of the theoretical framework in which the Jungian analyses are presented and partly to obscurities of exposition characteristic of some of the Jungian authors.

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# THE HAUNTING LYRIC

## THE PERSONAL AND SOCIAL SIGNIFICANCE OF AMERICAN POPULAR SONGS

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### I

The psychological functions of music have so far attracted little attention and the field remains relatively unexplored, particularly in the area of the song lyric. For some time I was marginally aware that early morning whistling by members of my family often expressed the mood of the moment—happy, sad, resigned, or hopeful. Usually only a phrase or two was being whistled but, as I thought of the lyrics for that part of the tune, they would give me the clue to the mood; for example, OH, WHAT A BEAUTIFUL MORNIN' from *Oklahoma!* or He Floats Through the Air with the Greatest of Ease, *THE DARING YOUNG MAN ON THE FLYING TRAPEZE*.<sup>1</sup> Often the whistler could not have recalled the words. It was a song without conscious words.

More or less coincident with this observation came the realization that a patient who had been in analysis for some time had established a pattern of reporting snatches of songs which occurred to him during our session or at other times. These song fragments had an insistent quality that he did not understand. Occasionally he would recognize a link between the remembered and plaguing words and the content of a previous

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<sup>1</sup>Song titles are indicated in capital letters throughout the paper.

hour. More often the connection remained obscure. When I realized that the lyrics were preconscious expressions, it became clear that the patient was using them to convey emotions and feelings he could not express directly. This revealed particularly the patient's resistance since he had until then succeeded in impressing me with his great verbal capacity. It was evident that a direct statement from him would have been too close to emotions which he was not yet ready to experience. Another's words provided the necessary distance and yet gave a hint of the underlying turmoil. The lyrics were used to express most specifically the transference, though they often provided a clue to the current conflict in the analysis.

From this point on a careful record was kept of lyrics which appeared during the hours. The accumulated data were fascinating, for they showed clearly the turning point of the analysis and the resolution of the transference neurosis. In fact, the analysis of one song lyric made it possible to prove conclusively to the patient that he was giving only lip service to the solution of a problem he had regarded as worked through.

As one might anticipate, the patient resorted less and less to song lyrics as the analysis approached its end and he could begin to speak for himself. Now he is bothered only rarely by this obsession with songs and, when a phrase does come frequently to mind, he tries to understand what it means and why.

## II

The literature in this area is scant. Freud (9) had only this to say on the subject: ' . . . the tunes which suddenly come into a man's head can be shown to be conditioned by some train of thought to which they belong, and which for some reason is occupying his mind without his knowing anything about it. It is easy to show that the connection with the tune is to be sought either in the words which belong to it or in the source from which it comes: I must, however, make this reservation, that I do not maintain this in the case of really musical people of whom I happen to have had no experience; in them the musical

value of the tune may account for its suddenly emerging into consciousness.'

Reik (23) asks what it means when a tune occurs so persistently that it becomes a 'haunting melody'. He speaks of music as carrying with it 'an infinite variety of primitive and subtle emotions'; he says that 'inward singing' has a special meaning which when understood would 'discover not only what is on your mind without your being aware of it but also what is in your heart'. In other words, musical phrases express mood as well as thought. 'The secret message it carries, the incidental music accompanying our conscious thinking is never accidental.'

Kohut (15) views music from the standpoint of the three psychic functions: id, ego, and superego. In relation to the id, he feels that music is primarily a cathartic expression—one of the transference phenomena, compromise formations, or sublimations. The effect of musical activity on the ego is chiefly one of experiencing an enjoyable mastery of the anxiety produced by the perception of sound as a direct threat to the archaic mental apparatus. When related to the superego, music involves the recognition and obedience to a set of æsthetic rules which gives the musician a feeling of satisfaction and security akin to the moral satisfaction of having behaved properly.

Again, Kohut (16) has pointed out that Freud, in the remarks quoted above, implied three separate problems in the question of the haunting melody: 1, its emergence from the unconscious; 2, the extramusical context that produces obsessional significance; and 3, the question whether an intrinsically musical factor, alone or combined with extramusical factors, can account for the sudden emergence of a tune.

Reik's interest includes all three problems, though he is chiefly concerned with the first two. Kohut deals primarily with the third problem. Generally, previous interest has been invested in the musical form itself, that is, the melody or tune as it occurs either to the patient or to the analyst. My position is that what appears to be true for the lingering or haunting melody is equally true for the obsessively persistent lyric. Like

the former, its 'secret message' is never accidental. Clinical examples will demonstrate this.

### III

The patient mentioned earlier was a young man with bisexual problems. One day during the transition period between the overt acting out of his homosexual impulses and the development of the maternal transference (which was to be his way to freedom from this perversion), he concluded the hour feeling confident that he would be able to avoid any future physical contact with his homosexual lover. As he left my office, he was whistling a fragment of a familiar tune of which I could recall only the words, 'a castle rising in Spain'. This may not seem an unusual ending to an hour which had focused on the budding heterosexual transference. Nevertheless, I felt it worth while to call the incident to his attention the next day. He had been unaware of his whistling. As anticipated, his associations to the song fragment showed that, under the influence of the maternal transference, he had hoped to contain his homosexual acting out. The underlying fear, however, was that this hope was as nebulous as 'a castle rising in Spain'. He wanted to be free from his lover but he could not yet break the tie.

At the time neither of us could recall the title of the song from which this phrase had come. Consequently, the opportunity to deal with more than the manifest meaning of the lyric was lost. I later found the title and was able to complete its analytic meaning. The song is *MY ROMANCE*, and the patient had condensed, as we would expect, both impulse and defense. There were, of course, two romances: the incipient heterosexual one with the analyst in the mother transference and the fading one with the homosexual partner.

Some time later the patient emphatically declared that he now felt he really understood his homosexual impulses and was sufficiently in control never again to be involved in a homosexual encounter. Nevertheless, near the end of this session, he became aware of the words of a popular song entitled *you*



CAN'T STOP ME FROM DREAMING. These words had been at the back of his mind most of the hour. That night he dreamed of being in a situation which repeated the theme of his homosexual acting out. What he had been sure was under control during the day seemed less certain during sleep. The contingent line of the lyric is: 'I'll get even with you tonight'.<sup>2</sup>

On another occasion this same patient talked most of the hour about his fear of loneliness and his defenses against it, of which the overt homosexual acts were an important part. He began humming a phrase which he identified as, 'I meant to call you on the telephone because I didn't like to feel so all alone'.<sup>3</sup> His wish to be near the analyst, if only to hear the sound of her voice, is clearly expressed in the intrusive song fragment. Through this transference insight he came to understand his frequent, compulsive telephone calls with long, often unnecessary conversations. The calls helped him avoid his terrible sense of loneliness which was related to his profound oral attachment to his mother.

Many months later, after the intrusion of many song fragments, a song introduced the turning point of his analysis. He saw the musical comedy, *My Fair Lady*, and became preoccupied with one of its songs, *GET ME TO THE CHURCH ON TIME*. Since I had not seen the play, he repeated the lyric to me. I remarked naïvely that apparently the elderly bachelor in the play had found a woman he could love and now he was eager to begin a normal married life. This comment expressed what both the patient and I hoped would be the outcome of his analysis. But the facts were quite different and the patient put me straight. For him the import of the lyric was the duplicity involved in the marriage. The man was going to get married and pretend to enter a settled existence while, at the same time, he connived to get back to his old barroom cronies and his accustomed ways. The patient immediately saw the striking dif-

<sup>2</sup> © 1937, Remick Music Corporation. Used by permission.

<sup>3</sup> I could find no song with this title. I assume that this is either a phrase from a song or one which the patient invented for this use.

ference between my matter-of-fact remark about the song and its real implications. Simultaneously, he recognized his own identification with the unreformed singer. Until then he sincerely believed that he had given up his homosexual attachments. He now had to face the fact that this was not the case. A deeply repressed and cherished remnant of the homosexual defense came to light. Analysis of it released the patient from his homosexual bonds and, with their real abandonment, the direct maternal transference blossomed, permitting the analysis to go on to a successful conclusion.

In one of the closing hours of this treatment, there occurred to the patient a musical jingle which was puzzling. He was obsessed by a radio advertisement for 'Holsum [wholesome] Bread, the Kind like Grandmother Made'. Its meaning became clear only when he associated with it his feeling about what he called the 'dark tunnel' of analysis and reaching the light at the far end. He was experiencing a rebirth phenomenon—a new beginning—but it was not until we had juggled the order of the generations that we understood it was his mother and his relationship to her that he was leaving behind. She was a rare one who still baked wholesome (Holsum), nourishing bread for the family. Because of her age at the time of the patient's birth (he was the last child in a large family), his mother actually had seemed more like a grandmother to him while an older sister had played the role of mother. I was that sister in the transference.

#### IV

Once the analyst has worked through the meaning of a particular type of defense in one patient, it can be used to understand similar problems in others. Thus, when I began to study lyric fragments regularly, a rich vein of source material became available. The examples cited can be multiplied many times.

A doctor-patient had the following dreams:

I am in the Alps walking with an older couple. The woman is between me and the older man. I take her hand in mine just

because I feel friendly. There is nothing sexual in it. However, I wonder, what if someone were taking my wife's hand like this, would I like it? I decide I wouldn't.

I am in a pathology laboratory. A pathological liver is being demonstrated. Then a normal liver is shown and the difference can be seen.

The patient awoke from these dreams mentally singing the words from the duet, *La ci darem la mano*, from Don Giovanni. Freely translated, this means, 'Right here you should (or must) give me your hand'. The next line is *La mi dirai di sì* ('there you will tell me yes,'). The duet is a direct reference to the manifest content of the first dream. The patient recalled that, not long before, someone had told him that the Italian colloquial meaning of the second line is, 'come screw with me'. The dream had direct sexual meaning and, in this instance, referred to undisguised incestuous wishes.

The theme of the opera is, of course, seduction without marriage and the 'pathological liver' refers to Don Giovanni. The patient, because of his wish to have sexual relations with his mother, viewed himself as pathological.

Some time later this patient had another dream:

You were singing a Mozart refrain or song in A minor. You were doing it so beautifully that I was sure you had had voice training at one time.

The patient immediately referred to the two dreams cited above and wondered in what key the duet had been written. He recalled that his mother often sang in a minor key. 'It was a bittersweet sort of singing. She was a bittersweet sort of a person', he said. I indicated that possibly 'A minor' referred to the time when he was a minor, a small child, and the sweetness of the song to the feeling of a child when the mother sings a lullaby. The patient immediately recalled that, when he was very little, a close friend would care for him when his mother was away or ill. The analyst had come to represent this person—the one who cared for him. The choice of the operatic selection

now became clear: he was speaking of a time when his mother must have said to him, 'Give me your hand', as all mothers do when a protective gesture is required, as in crossing a street.

Another male patient said, 'Way out there (referring to the fact that, because of anxiety, he felt removed from the thought) I'm thinking, DON'T LET THEM TAKE IT AWAY!'. This was the theme song of the Democratic Party Convention in 1956, but the patient used the title to refer to his fear of castration. Incidentally, the Democratic Party lost that election.

A woman patient who came to her session feeling angry with me could not account for her anger until she realized that, as she came into the office, she had been thinking of the music for the lyric fragment, '[Please] give me SOMETHING TO REMEMBER YOU BY when you are far away from me'. She had been told a few hours earlier that the analyst was going away on vacation and had not reacted overtly then to the impending separation, but her feelings were now clear enough. The word 'please' was inserted by the patient to intensify the plea for a talisman to avert the loneliness she feared to experience.

Another patient returned angry and petulant after a Christmas interruption. Outwardly he related his anger to the fact that he had seen a Christmas tree in the analyst's living room. He is a Jew, reared in a traditional environment. Since I am not, I was a taboo object for him, although he was aware that my husband is a Jew. This last fact and the fact that my office is in my home placed him in a tempting, seductive situation. But when I proclaimed my non-Jewishness with a Christmas tree, he encountered limits he could not cross and he was filled with rage. In discussing it he became aware that, in the transference distortion, he had made me appear much younger—about the age of an aunt to whom he had been deeply attached as a small boy. She was, in fact, a mother substitute at a critical period in his life and, in the transference, he had wished to re-live with me the happy days when he was so close to her. In the background of this hour, he suddenly realized, were the words of the song, [You are] THE OBJECT OF MY AFFECTION,



which he had been humming silently. Behind the heterosexual façade lay the attachment to and longing for the aunt who had been his pregenital mother.

'There will never be another love like this'<sup>4</sup> was the lyric theme of an hour in which still another patient asked, 'Can you ever feel your wife loves you and you love her as you did your mother?'

A male patient awakened one morning whistling, 'I GOT PLENTY O' NUTTIN' and nuttin's plenty fo' me, got my gal, got my song, Hebben the whole day long'. This followed an hour which had included a painful discussion of his impotence and his consequent fear of losing his wife. The previous night he had successfully met the sexual challenge, and the lyric was the humorous expression of both a wish and a happy reassurance. Behind these, however, lay the resistance and perhaps the clue to his impotence, for the cripple who sings the song in *Porgy and Bess* uses his physical handicap as a means of securing pregenital care.

A highly intellectual and hypersophisticated young man wept unrestrainedly at a reference to MOTHER, MOTHER, ARE YOU THERE? from Menotti's opera, *The Medium*. His associations referred to his mother's engulfing possessiveness and to his struggle against his own wish to be incorporated orally. He had gone to Germany to learn German, his mother tongue, and had studied it much as a small child first learns language—through immersion in sounds and associations. To this end he had isolated himself from English-speaking people. Although at first he understood almost nothing that was said, he had received a tremendous thrill from just listening to the language. He left Germany, having mastered the language in this unique manner, in what appeared to be a homosexual panic. In the analysis this panic turned out to be mother-sexual.

A male patient came into the office humming a tune which he identified as the opening phrase of the musical, *Trouble in Tahiti*. These three words were the only ones the patient

<sup>4</sup> I could not locate the source of this phrase.

associated to the melody, but he thought the libretto dealt with the marital problems typical of suburbia. No connection with this improbable title was seen. His first verbal productions of the hour were concerned with how able and gifted he was. The variations on this theme obviously represented his identification with the composer of this work, Leonard Bernstein, whom he considered a great person. But why Tahiti? It developed that he had spent the previous afternoon with his girl friend and had found that, for some reason, the unity in their relationship, of which he had made so much, was missing. He had been longing for her and would have liked to saturate himself sexually without restraint. The frustration of his wish the day before had then emerged as trouble in Tahiti.

The often veiled sexual meanings in lyrics are translated literally by patients. SHE HAD TO GO AND LOSE IT AT THE ASTOR manifestly speaks of a lost fur coat but actually refers to a loss of virginity. This lyric was one female patient's introduction to an account of her premarital affairs.

A colleague gave me two examples of how children also use lyrics to express deep-seated feelings. A boy in latency had made a toy drum for his older sister's birthday party and wrote the name of her boy friend on it. As he made the toy, he hummed Chopin's Funeral March. Although this melody has no lyrics, the patient was able to put words to it, expressing his sexual jealousy and his great hostility toward his sister and her friend. In the second example, a girl often sang popular songs—until she realized that her therapist used the words of the songs to understand what the patient was not saying directly. She then began to hum the tunes without the words. Fortunately, the therapist was familiar with popular songs and knew their lyrics. One day after the therapist had talked with the patient's older sister over the telephone, the child came in humming I'LL NEVER BE JEALOUS AGAIN, and she was brought face to face with the jealousy and hostility that had been denied previously.

A series of three hours will illustrate how a patient used sentimental ballads to approach painful and important material. He

reported that he had been listening to sentimental popular songs on the radio while driving to his session. 'As I was listening, I drifted back in time with these sad songs and I could see myself as a little boy wanting to go back to my mother. It made me cry. It was the saddest thing; this little guy (inside me) wanted to go back to his mother in the worst way. It's a bottomless pit of sorrow. Even though I say to myself, "This can't be", that doesn't stop it. It must have been a very sad separation. This is a very basic feeling.'

One month later he reported that he had played some popular records the previous evening when he was home alone. He felt 'like a sad and lonesome little boy with the world ahead of him all scary'. The records were *AUTUMN LEAVES* and *GONE WITH THE WIND*. Speaking of these lyrics, he said that at the beginning of his treatment seven months earlier he would have found himself sobbing and 'wracked with depression' but today he had only feelings of what he must have experienced 'long ago'.

Three weeks later he again reported listening to the radio en route to his hour. The song, *LAURA*, aroused in him the same nostalgia he had described previously. Then, a few minutes later and just a block from his destination, *THE NEARNESS OF YOU* was played. With this he was flooded with a feeling of deep attachment to the analyst and the sensual awareness of what it might be like to dance with her. He then recalled a time when his mother had embraced him and he had felt her breast on his shoulder. He had been afraid to mention his attitude toward the breast because it was connected with 'shameful' sexual excitement. By way of song lyrics, however, he had been able to introduce this painful topic.

After a discussion of my interest in song lyrics and the use patients often make of them, a colleague reported the following personal experience. He had once talked with his father about his decision to marry a girl of whom his family disapproved. He had been firm with his father but at the same time felt sorry for him. He knew he had upset him by the decision. Afterward, while driving to the home of his fiancée, he found himself hum-

ming the phrase, 'the land of the free and the home of the brave'. He had obviously made his own declaration of independence.

The foregoing examples support the thesis that the haunting lyric is a 'voice of the preconscious' and must be understood in the same way as a dream fragment, a fantasy, or a repetitive act. Such lyric fragments have both manifest and latent meaning. The manifest meaning restates the defensive surface position. The latent meaning, referring to the impulses and wishes and their genetic origin, is revealed only by analysis of the lyric as if it were a dream. The first case cited provided the opportunity to discover this. The persistent analysis of his song lyrics as a form of resistance made it possible to follow through, in this patient, the evolution and eventual resolution of the mother transference. The subsequent study of song fragments occurring to other patients revealed a striking fact: the overwhelming majority of such lyric phrases, when analyzed, furthered each patient's understanding of his relationship to his mother. This repeated observation led to the question whether or not popular songs have a basic theme. If they do, what is the nature and function of that theme? The following section describes an attempt to find an answer through the study of American popular music.

## V

The chorus lyrics of American hit songs<sup>5</sup> from 1900 through 1949 were examined. This period was chosen because it covers the half century during which popular music had its heyday and because the end of World War II ushered in various artificial influences<sup>6</sup> which made it difficult or impossible to determine the intrinsic popular appeal of more recent so-called 'hits'.

A total of 2111 hit songs was examined. This number consti-

<sup>5</sup> A hit song is one which has gained top ranking or appreciable acceptance by the public. Before radio, the popularity of a tune was determined by the sales of sheet music and Victrola recordings. Later, with the advent of radio and television, the success of a song depended on the amount of exposure it received through these media as well as on the sales of recordings and sheet music.

<sup>6</sup> Commercial rivalries among music producers, radio networks, disc jockeys, etc.



tutes 95 percent of all songs listed in the bibliographical sources below.<sup>7</sup> The lyrics for the other 5 percent could not be found. These songs have been divided into three classes:

|  |      |     |
|--|------|-----|
| 1. Romantic love songs   | 1470 | 69% |
| 2. Sentimental songs referring to home and/or mother   | 113  | 6%  |
| 3. Nonromantic (topical) songs: war, patriotism, dancing, jazz, nature, nonsense ditties, etc.; and 66 songs referring to the Negro and reflecting his place and influence in American music | 528  | 25% |

In this paper only the romantic love songs have been con-

<sup>7</sup> The first eight references supplied the basic list of relevant hit tunes gathered from many sources. Additional songs considered had to appear more than once in other sources used.

1. *Academy Award Winners*. Hollywood, Calif.: Academy of Motion Picture Arts and Sciences, 1934-1957.

2. *BMI Top Song Hits*. New York: Broadcast Music, Inc., 1939-1951.

3. *Forty Years of Hit Tunes*. New York: American Society of Composers, Authors, and Publishers (ASCAP), 1957.

4. Freeman, Larry: *The Melodies Linger On. Fifty Years of Popular Song*. Watkins Glen, N. Y.: Century House, 1951.

5. *Half a Century of Song Hits*. New York: American Society of Composers, Authors, and Publishers (ASCAP), n. d.

6. Kopp, Sam, Compiler: *Million Copy Songs, Authors, Composers, and Publishers*. 25th ASCAP Anniversary, July 31, 1940.

7. *One Million Copy Hits*. New York: Edward B. Marks Music Corporation, n.d.

8. *Your Hit Parade* (Radio Program). April 20, 1935—December 31, 1957. List supplied by the American Tobacco Co., sponsor.

9. Boni, Margaret and Lloyd, Norman: *Fireside Book of Favorite American Songs*. New York: Simon and Schuster, 1952.

10. Burton, Jack: *The Blue Book of Tin Pan Alley*. Watkins Glen, N. Y.: Century House, 1951.

11. Ewen, David: *Songs of America*. Chicago: Ziff-Davis Publishing Co., 1947.

12. Fuld, James J.: *American Popular Music, 1875-1950*. Philadelphia: Musical Americana, 1955.

13. Mattfeld, Julius: *Variety-Music Cavalcade*. New York: Prentice-Hall, Inc., 1952.

14. *Memory Songs, 1886-1951*. New York: Edward B. Marks Music Corporation, n.d.

sidered in detail. These lyrics deal with a two-person relationship usually based on unreal, fanciful, extravagant love. Only infrequently do such lyrics touch on mature love. The sentimental group of the 1900's and the romantic and sentimental songs of the 1800's are used for comparison. The third group, nonromantic or topical, is too heterogeneous and too specialized for this study.

Since song fragments can be interpreted in the same way as dreams, an attempt will now be made to understand the implicit and latent significance of popular lyrics as a class from this point of view. The results appear in three tables which present statistics for 1900-1949 and 1800-1899 in parallel columns. We shall take up the twentieth-century songs first.

TABLE NO. I  
ROMANTIC LOVE SONGS

Lyrics classified according to level of fantasy and 'ego distance'

|  | 1900-1949<br>(1470 Songs) |      | 1800-1899<br>(153 Songs) |    |
|--|---------------------------|------|--------------------------|----|
|  | No.                       | %    | No.                      | %  |
| 1. Songs of Narcissistic Self-Absorption   | 69                        | 5    |                          |    |
| 2. Songs of Internal Dialogue  | 907                       | 61   | 61                       | 40 |
| 3. Songs Naming the Loved One  | 113                       | 8    | 38                       | 25 |
| 4. Songs of Soliloquy About the Loved One  | 170                       | 11.5 | 30                       | 20 |
| 5. Songs of Displacement to Place or Situation Associated with or Reminiscent of the Loved One | 141                       | 9.5  | 7                        | 4  |
| a. Place   | (112)                     |      | (5)                      |    |
| b. Train   | (9)                       |      | (1)                      |    |
| c. Moon  | (20)                      |      | (1)                      |    |
| 6. Songs of Displacement to Situation Wholly Separate from the Self                            | 70                        | 5    | 17                       | 11 |

Table No. I shows six headings obtained by classifying popular lyrics according to the level of fantasy from which the love theme stems and in terms of 'ego distance' between the protagonist (lyricist) and the object of his sentiments. Although many songs could fit easily into more than one group, that category was chosen which seems most clearly to match the spirit or intention of the writer.<sup>8</sup> According to the table, love is the ubiquitous theme, but this still does not answer the central question: Is there a latent theme common to all popular songs?

TABLE NO. II  
ROMANTIC LOVE SONGS

Lyrics classified according to content

(Figures and percentages indicate absolute incidence of each content in the total number of songs. A song may have several contents.)

|                                   | 1900-1949<br>(1470 Songs) |    | 1800-1899<br>(153 Songs) |    |
|-----------------------------------|---------------------------|----|--------------------------|----|
|                                   | No.                       | %  | No.                      | %  |
| 1. Love                           | 850                       | 57 | 77                       | 44 |
| 2. Heart                          | 475                       | 32 | 39                       | 24 |
| 3. Anacletic Affects              |                           |    |                          |    |
| a. Possessive Dependence          | 462                       | 31 | 16                       | 11 |
| b. Depressive and Hostile Affects | 390                       | 27 | 25                       | 18 |
| c. Separation Anxiety             | 356                       | 24 | 46                       | 30 |
| d. Dreams of Wish Fulfilment      | 338                       | 22 | 16                       | 11 |
| 4. Duration of Love               | 276                       | 18 | 45                       | 28 |
| a. Faithfulness                   | (192)                     |    | (36)                     |    |
| b. Faithlessness                  | (84)                      |    | (9)                      |    |
| 5. Sexuality                      | 245                       | 16 | 6                        | 3  |
| a. Inferred Contact               | (208)                     |    |                          |    |
| b. Explicit Contact               | (37)                      |    | (6)                      |    |
| c. Prostitution                   | (6)                       |    |                          |    |

<sup>8</sup> THE DESERT SONG is an example. Its theme, 'you must be mine', is common in popular songs, but the description of the desert adds a particular flavor. It was therefore considered as a Place song (Table No. I, 5-a).

TABLE NO. II (cont'd)

|  | 1900-1949<br>(1470 Songs) |     | 1800-1899<br>(153 Songs) |    |
|--|---------------------------|-----|--------------------------|----|
|  | No.                       | %   | No.                      | %  |
| 6. Affirmative Affects                       | 176                       | 12  |                          |    |
| a. Bliss, Divine, Paradise,<br>Rapture, etc. | (94)                      |     |                          |    |
| b. Power of Love                             | (80)                      |     |                          |    |
| c. Self-confidence                           | (2)                       |     |                          |    |
| 7. Nostalgia                                 | 8                         |     |                          |    |
| Memory                                       | 104                       | 7   | 7                        | 5  |
| <i>Déjà Vu</i>                               | 9                         |     | 1                        |    |
| 8. Romance                                   | 106                       | 7   |                          |    |
| a. Overvaluation                             | (22)                      |     |                          |    |
| b. Desire, Passion                           | (47)                      |     |                          |    |
| c. Romance                                   | (51)                      |     |                          |    |
| 9. Marriage                                  | 67                        | 4.5 | 13                       | 8  |
| 10. Mother, Father, Baby                     | 54                        | 3.6 | 10                       | 6  |
| 11. Dance                                    | 47                        | 3.2 |                          |    |
| 12. Sentiment                                | 28                        | 1.9 | 4                        | 2  |
| 13. Mature Love                              | 16                        | 1   | 2                        | 1  |
| 14. Fate                                     | 17                        | 1   |                          |    |
| 15. Exhortation                              | 9                         | 0.6 |                          |    |
| 16. Death                                    | 3                         | 0.2 | 17                       | 11 |
| 17. Symbols                                  | 588                       | 40  | 53                       | 34 |
| a. Moon                                      | (185)                     |     | (10)                     |    |
| b. Flowers                                   | (161)                     |     | (24)                     |    |
| c. Stars                                     | (149)                     |     | (9)                      |    |
| d. Spring                                    | (111)                     |     | (15)                     |    |
| e. Islands, South                            | (92)                      |     | (3)                      |    |
| f. Magic, Music, Bluebird,<br>Gypsy          | (81)                      |     | (1)                      |    |
| g. Sun                                       | (80)                      |     | (13)                     |    |



Table No. II approaches the problem by way of the fact that lyrics are written in the form of a simple story. Their manifest and latent content thus provides a basis for further analysis. Seventeen topics were identified.

The word, Love, occurs at least once in more than half (57 percent) of the lyrics. It is presented from every conceivable angle. Every age of man has been exploited. No facet of love is too trite, too insignificant, too intimate, or too sacred to be exposed by song writers. A few examples will illustrate: love is enduring (ALWAYS; THROUGH THE YEARS); love is powerful (I'D CLIMB THE HIGHEST MOUNTAIN); love chooses ideally (YOU ARE THE IDEAL OF MY DREAMS); love's devotion is limitless (HOW DEEP IS THE OCEAN?); love is fickle (I MIGHT BE YOUR ONCE IN A WHILE); love is possessive (LOVE ME AND THE WORLD IS MINE); and in the end love is incomprehensible (WHAT IS THIS THING CALLED LOVE?; AH! SWEET MYSTERY OF LIFE).

The Heart is second in importance to song writers, appearing in 32 percent of the songs. There is no doubt in the minds of lyricists that the heart is the seat of the emotions, and in many instances it is assigned an animistic role. It can be 'lonely', it 'talks', 'smiles', 'sings', in addition to its normal characteristics of beating or momentarily standing still (MY HEART STOOD STILL; ALL OF A SUDDEN MY HEART SINGS; BEAT OF MY HEART).

Disposing thus of the two most frequent topics in popular songs, we come now to a group of special interest to this study.

Anaclitic Affects: in this group, on the basis of both manifest and latent content, we can differentiate four subgroups whose central concern is the quality of the relationship between the lover and the beloved.

(a) Songs of Possessive Dependence (31 percent) are specifically concerned with either the gratification or the frustration of the wish for closeness, dependency, and clinging. They deal with themes of holding or of being held, of needfulness, pleading, possessiveness, and engulfment. The clinging passivity to the love object is spelled out. No interpretation is necessary, for rationalization and secondary elaboration are minimal; the

words speak for themselves (I'VE GOT YOU UNDER MY SKIN; YOU'RE ALL I NEED; HOLD ME; EVERYTHING I HAVE IS YOURS ' . . . my life, my all'<sup>9</sup>). The wish, expressed or clearly implied, is for primitive infantile gratification.

(b) Depressive and Hostile Affects comprise 27 percent of the songs. They are concerned with the consequences or 'pain specific' results when the infantile wish for a symbiotic relationship is thwarted: loneliness, the 'blues', grief, self-pity, cynicism, satire, regret, disillusionment, and revenge. The loss of the beloved produces the same affects and reaction in fantasy as are experienced by dependent persons when an anacletic relationship is disrupted (I KNOW WHAT IT MEANS TO BE LONESOME; HAVE YOU EVER BEEN LONELY?; AM I BLUE?; NOBODY KNOWS AND NOBODY SEEMS TO CARE; ALL ALONE; ALL BY MYSELF).

(c) Songs of Separation Anxiety (24 percent) are concerned with the separation trauma, ranging from depressive fixation to efforts at mastering the trauma. These efforts take the form of wishes, pleas, and patient waiting; but always the insistence is on the aversion to the separation and the need to undo it (I'LL ALWAYS BE IN LOVE WITH YOU ' . . . if you should stray a million miles away';<sup>10</sup> WHERE ARE YOU? ' . . . I couldn't believe we're parted';<sup>11</sup> INDIAN LOVE CALL ' . . . If you refuse me I will be blue and waiting all alone';<sup>12</sup> SOME DAY, SOMEWHERE ' . . . We will meet again';<sup>13</sup> LOVER, COME BACK TO ME).

(d) Songs about Dreams as Wish Fulfilment (22 percent) are explicitly gratifying and are similar in this respect to the dreams of children. The dreamer achieves reunion with the lost loved one, though often the specter of separation still hovers

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<sup>10</sup> © 1929, Shapiro, Bernstein & Co., New York, N. Y. Copyright renewed and assigned. Used by permission of the publisher.

<sup>11</sup> Written by Harold Adams and Jimmy McHugh. © 1936, Leo Feist, Inc. Used by permission of the publisher.

<sup>12</sup> © 1924, Harms, Inc. Copyright renewed. Used by permission.

<sup>13</sup> Written by Joan Brooks, Jack Segal, and Dick Miles. © 1944, Music Workshop, Inc. Used by permission.

(A DREAM IS A WISH YOUR HEART MAKES; I'LL SEE YOU IN MY DREAMS; IN ALL MY DREAMS I DREAM OF YOU).

These four expressions of immaturity—possessive dependence, depressive and hostile affects, separation anxiety, and dreams as wish fulfilment—seem to characterize popular songs that appeal to aspects of the personality which have been only incompletely separated from dependent attachment to supporting imagos.

The Duration of Love (18 percent) is the concern of songs which treat love as faithful and enduring, or as fickle and of passing moment. However, almost twice as many lyrics are written from the first viewpoint. Even though the lyricist may apologize for the inability of the lover to maintain a true and lasting affection, the dominant wish is for permanence (ALWAYS; MONDAY, TUESDAY, WEDNESDAY '... every single second, ev'ry minute . . . I love you';<sup>14</sup> ONLY FOREVER; I MIGHT BE YOUR ONCE IN A WHILE). Nevertheless, while lasting love is preferred, it is the theme of only about half as many songs as those concerned with clinging. It appears that with attachment to the love object, the lasting quality of love is taken for granted.

In 16 percent of the lyrics, Sexuality is the principal topic. This may be either blatant or veiled. The word most often used by lyricists to represent sexuality is 'it'. On the surface an air of innocence prevails, but the underlying, contrapuntal theme is undoubtedly one of sexual encounter and/or sexual surrender. It is understood that in a song 'a hug and a kiss may represent any stage of procreative activity, that nighttime is not limited to sleeping, and illicit relationship can be charmingly discussed' (25). Sexuality in songs runs the gamut from seduction (CALL ME UP SOME RAINY AFTERNOON) and inferred sexual contact (YOU TOOK ADVANTAGE OF ME '... I have no will, you've made your kill';<sup>15</sup> IT CAN'T BE WRONG '... when I need you so

<sup>14</sup> Music by Ross Parker. © 1949, Irwin Dash Music Co., Ltd., London. Authorized for sale by Leeds Music Corp., 322 W. 48th St., New York 36, N. Y. Sole selling agents in the U. S., Canada, Mexico, Central and South America. Reprinted by permission. All rights reserved.

<sup>15</sup> © 1928, Harms, Inc. Used by permission.

much and I have waited so long, it must be right'<sup>16</sup>) to explicit and forthright statements of sexual activity (ONE NIGHT OF LOVE; ALL OR NOTHING AT ALL; I WANT WHAT I WANT WHEN I WANT IT; DO IT AGAIN). Even prostitution has been exploited in song (BROADWAY ROSE).

Affirmative Affects (12 percent) appear in songs which extol the beneficent results of union with the loved one. We are informed that all is right with the world once lover and beloved are united, whether forever by marriage, briefly for a moment, or for a longer, even though still temporary, period of time. A state of bliss or rapture is professed and paradise or heaven is expected; life is held to be rosy, uncomplicated, and forever without problems. In addition, there appears to be a significant enhancement of self-esteem and self-confidence when one is loved (OH PROMISE ME; SONG OF LOVE '... echo of paradise'<sup>17</sup>).

The eleven other categories in this tabulation are generally self-explanatory. However, Nostalgia, Romance, Mature Love, and Symbolism require elaboration.

Nostalgia, Memory, and *Déjà Vu* (7 percent) have been grouped together, since they all concern the remembrance of a relationship with a loved one. The tie to the beloved can be weak or strong, but the link is always through preoccupation with a cherished earlier experience. It has been pleasant or it has had enough pleasant connotations to make the singer wish to experience it again. Yet in the lyrics there is an explicit acknowledgment of the inability to re-create the old reality. The current pleasure is, therefore, derived from the elaboration of nostalgic memories. But the clinging is transitory in all. The quality of longing is minimal. Existence and the sense of well-being are not dependent on the memory of the past love. The love object has been surrendered (DOWN BY THE OLD MILL STREAM; THESE FOOLISH THINGS REMIND ME OF YOU; THANKS FOR THE MEMORY; I'VE HEARD THAT SONG BEFORE; WHERE OR WHEN).

<sup>16</sup> © 1942, Harms, Inc. Used by permission.

<sup>17</sup> Music and words by Sigmund Romberg and Dorothy Donnelly. © 1921, Leo Feist, Inc. Used by permission.



The word, Romance (7 percent), makes infrequent appearances. Various symbols for it (the moon, stars, springtime, tropics, etc.) are used to conjure up the setting or aura associated with love. Despite the fact that affection and tenderness can exist apart from romance and love can be sustained even after passion has died (24), these lyrics equate romance with love.

The Symbols (40 percent) which appear in songs support the basic idea of this paper. Freud (10) pointed out that the dreamer has a choice of various symbols for the representation of the latent content of his dream and his choice will be typically and individually motivated. Similarly, if we view lyrics, the creation of the lyricist, in the way we view the dreams of the dreamer, we find that the song writer, too, draws upon the reservoir of commonly recognized symbols for the unconscious themes of his songs.

Seven symbols occur repeatedly in the material surveyed here. The outstanding favorite is the moon. Its waxing and waning are compared to similar phases of love. A moonless night stands for life without love; a bright moon for love in full bloom or for conditions conducive to its flowering. Lunar influence on man and his moods finds abundant expression in our folklore, and that same influence is reflected in popular songs. However, the moon's principal function in song is to refer to the time when ego controls are most relaxed and when expressions of love can be given and accepted most easily. Stars mark the time of darkness and night—their disappearance, the break of day. Occasionally they are assigned an animistic quality, but usually they form the backdrop for romance and love.

The flower is the second most important symbol. It is used to indicate a season or recall a particular place; but more important, the flower is the ultimate reference to a lovely, desirable (more often, pure and virginal) woman. Names of flowers are popular as women's names. But the basic link between women and flowers comes from the fact that flowers are sex organs. The word 'defloration' signifies the spoliation of virginity and girlhood. The idealized woman is often associated with a flower,

and even in those songs which indicate a woman's departure from chastity (*I FOUND A ROSE IN THE DEVIL'S GARDEN*), the flower is used to imply that at heart she remains pure and innocent.

Springtime (April, May, June) comes next in popularity as a symbol. In song and fable it represents the time of life when the sap is rising, when falling in love and courting are as inevitable as rain and often as passing as the season itself. It is a period of restlessness; sunny, peaceful days are intermixed with *APRIL SHOWERS*. It is the time when man seeds his soil and nature is burgeoning. Eventually, *JUNE IS BUSTIN' OUT ALL OVER*, and orange blossoms foretell wedding bells.

One more significant group of symbols remains: islands, the tropics, and the South. All have warmth and sunshine in common. The first two have additional implications of an enchanted life in which all dreams of love's fulfilment can come true. In a striking number of songs, however, this enchantment is surrendered to the reality principle—duty calls. But it is remembered with longing (*NOW IS THE HOUR ' . . . when we must say good-bye . . . when you return you'll find me waiting here'*<sup>18</sup>). Implied, too, in many songs is the easy sexual indulgence associated with the relaxed living of the tropics (*PAGAN LOVE SONG*). The connection with the romantic setting is apparent; more important are the associated ideas of passion and the sense of aloneness with the beloved. These seem to be unique to this context. The tropics also imply the Garden of Eden with fantasies of warmth, comfort, easy oral gratification, sexual intimacy, and freedom from care and responsibility. This symbol is synonymous with the fantasied erotic union with the preœdipal mother. For the brief moment of the song, the immature relationship with an infantile love object can be re-experienced.

Somewhat in contrast, but really only another facet of the

<sup>18</sup> *MAORI FAREWELL SONG*, by Maewa Kaihan, Clement Scott, and Dorothy Stewart. © 1913, by W. H. Paling & Co., Ltd. (Renewed) © 1946, 1960, by Leeds Music Corporation, 322 W. 48th St., New York 36, N. Y., by arrangement with Boston Music Corporation of Boston, Mass., and W. H. Paling & Co., Ltd. of Sydney, Australia. Authorized for sale only in the U.S.A. and the Dominion of Canada. Reprinted by permission. All rights reserved.

same idea, are songs which concern themselves with our own Deep South or Dixie. The common idea that runs through most of these is the home from which one has wandered and to which one wants to return (I'D LOVE TO FALL ASLEEP AND WAKE UP IN MY MAMMY'S ARMS; TUCK ME TO SLEEP IN MY OLD 'TUCKY HOME).

Magic remains as a last recourse (THAT OLD BLACK MAGIC; LOVE, YOUR MAGIC SPELL IS EVERYWHERE), be it music and its enchantment (MUSIC, MAESTRO, PLEASE!), the bluebird and its mythical association with happiness (OVER THE RAINBOW 'Somewhere . . . bluebirds fly'; <sup>19</sup> BLUE SKIES ' . . . bluebirds singing a song, nothing but bluebirds all day long' <sup>20</sup>); or by the 'luck' of the gypsy (TELL ME, LITTLE GYPSY; GOLDEN EARRINGS ' . . . cast their spell tonight' <sup>21</sup>). Songs accept the magic of love itself as omnipresent and eternal. Its power to make life worth living is nowhere better expressed than in the song, NATURE BOY ('The greatest thing you'll ever learn is just to love and be loved in return' <sup>22</sup>). Magic, whatever its lyric form, has its familiar role of pregenital omnipotence.

It is evident from the foregoing that song writers and poets use symbols in much the same way. Through the use of symbols, the background is briefly stated but broadly understood by the listener. In other words, primary process with its pictorial and concrete images is appealed to, and the wordiness of the secondary process is circumvented. The desired climate is created in the feelings of the listener with the greatest economy of expression.

Do symbols contribute more than the contextual setting? Once the romantic connections of the symbol have been established, the remaining lyrics, comparable to free associations,

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provide clues to the underlying theme. On the surface is the wish for the beloved who will be true and faithful, either in reality or in dreams or memories. But the latent content carries, *sotto voce*, the repetitive theme of need, longing, dependence, engulfment, possessiveness, and desire for oneness in terms that are appropriate for childhood.

## VI

The sentimental songs (about Home and Mother) share many of the elaborations of the romantic love songs but lack the façade of exogamous love. In order to compare the two groups, the same themes were studied and similarly categorized (Table No. III).

TABLE NO. III  
SENTIMENTAL SONGS  
(Songs About Home and Mother)  
Lyrics classified according to content

|                                      | 1900-1949<br>(113 Songs)<br>Number | 1800-1899<br>(68 Songs)<br>Number |
|--------------------------------------|------------------------------------|-----------------------------------|
| 1. Love                              | 10                                 | 12                                |
| 2. Heart                             | 13                                 | 14                                |
| 3. Anacletic Affects                 |                                    |                                   |
| a. Possessive Dependence             | 16                                 | 3                                 |
| b. Depressive and Hostile<br>Affects | 32                                 | 9                                 |
| c. Separation Anxiety                | 18                                 | 19                                |
| d. Dreams as Wish<br>Fulfilment      | 12                                 | 4                                 |
| 4. Duration of Love                  | 3                                  | 3                                 |
| a. Faithfulness                      | (3)                                | (2)                               |
| b. Faithlessness                     |                                    | (1)                               |
| 5. Sexuality                         | 5                                  | 5                                 |
| 6. Affirmative Affects               | 3                                  |                                   |
| 7. Nostalgia, Memory, <i>Déjà Vu</i> | 15                                 | 9<br>(memory<br>only)             |



TABLE NO. III (cont'd)

|                            | 1900-1949<br>(113 Songs)<br>Number | 1800-1899<br>(68 Songs)<br>Number |
|----------------------------|------------------------------------|-----------------------------------|
| 8. Romance                 |                                    |                                   |
| 9. Marriage                | I                                  |                                   |
| 10. Mother, Father, Baby   | 113                                | 68                                |
| a. Mother                  | (52)                               | (25)                              |
| b. Father                  | (9)                                | (6)                               |
| c. Baby                    | (25)                               | (12)                              |
| 11. Dance                  |                                    |                                   |
| 12. Sentiment              | 20                                 | 11                                |
| 13. Mature Love            |                                    |                                   |
| 14. Fate                   |                                    |                                   |
| 15. Exhortation            |                                    |                                   |
| 16. Death                  | I                                  | 10                                |
| 17. Symbols                | 38                                 | 15                                |
| a. Moon                    | (9)                                | (2)                               |
| b. Flowers                 | (8)                                | (5)                               |
| c. Stars                   | (6)                                |                                   |
| d. Spring                  | (1)                                | (1)                               |
| e. Tropics, Islands, South | (15)                               | (5)                               |
| f. Magic, Music, Bluebird, |                                    |                                   |
| Gypsy                      | (1)                                | (1)                               |
| g. Sun                     | (1)                                | (3)                               |

If we look at this table and the one preceding, it is apparent that the subject preoccupation with love and the heart which figures so prominently in the romantic songs (850 and 475, respectively) is of minor consequence in the sentimental songs (Love, 10; Heart, 13). Instead, the primary reference is to a loved member of the family (mother [mammy], father, baby). In each of these 113 songs, the word 'home' or some unmistak-

able reference to it is used. As the loved one, the mother is the overwhelming favorite. She is named five times more frequently than the father, and three and a half times more often than the child. Occasionally, mother, father, and child are mentioned in the same song. So dominant is the mother theme in these songs that to equate home with mother is inevitable. Also, when home and mother are linked together, love is taken for granted, and there is little need to be specific about it.

Embedded in the home-and-mother frame of reference, the familiar themes associated with anacletic affects in romantic love songs appear again though with different emphases. Depressive reactions, particularly loneliness, longing, and self-pity, outrank all others almost two to one, whereas the other themes of clinging, separation anxiety, and dreams as wish fulfilment occur about half as often. The lyrics stress the urgent need for home and mother. The message conveyed is: until reunion is accomplished, even if it means overcoming terrible odds, there can be no peace.

The most notable contrast between the sentimental and the romantic love songs is the shift in the emotional quality. Apparently the combination of home and mother provides the proper setting for overemotional, artificially tender, mawkish sentiments. Some songs become positively maudlin, especially when they deal with maternal concern for a child or vice versa (IN THE BAGGAGE COACH AHEAD ' . . . but the baby's cries can't waken her, in the baggage coach ahead').

The same comments can be made about the remaining categories in Table No. III as for their counterparts in Table No. II.

The sentimental lyrics are distinguished by the fact that in them little attempt is made to disguise the primary wish. Clearly and simply stated, it is: 'I want to be home with mother and once I am there with her, I will find the peace and contentment for which I long'. When this wish is frustrated, the same reactions come into play as in the romantic songs; the plaint is helpless loneliness (WHEN YOU'RE A LONG, LONG WAY FROM HOME; MAMMY O' MINE ' . . . then I start thinking of you and feeling

so blue I could cry')<sup>23</sup>. In this respect, the two song groups are so close in feeling and spirit that the meaning would remain the same if the words 'mother' and 'beloved' were interchanged.

## VII

American popular songs of the nineteenth century (statistics in the second column in each Table)<sup>24</sup> were studied and classified in the same manner as modern hit tunes.<sup>25</sup> While the over-all themes are similar, there are some noteworthy differences in the distribution of the form of the lyrics. Only 33 percent (153) of the songs from the 1800's could be classified under romantic love<sup>26</sup> as compared with 57 percent (1470) of the songs during the 1900's. As in this century, the most important ones numerically deal with a current two-person relationship: but they are significantly less prevalent than in recent times (37 percent versus 61 percent).

It is striking that upward of one half more songs (11 percent versus 7 percent) refer to the loved one in the third person (songs of soliloquy), and over three times as many (24 percent versus 7 percent) name a specific person. This characteristic of nineteenth-century romantic love songs may be a reflection of the more formalized, less intimate contact between men and women of those years. The easy familiarity which is so much a part of present daily life did not exist until some time after the First World War. The starched collars and stiff manners of the nineteenth and early twentieth centuries are clearly reflected in their popular songs.

Classification of the various themes showed a different range

<sup>23</sup> © 1919, by Shapiro, Bernstein & Co., Inc. Copyright renewed and assigned. Used by permission.

<sup>24</sup> *Variety-Musical Cavalcade* lists 634 titles. I was able to find 458 (72 percent) of the lyrics. It is interesting that among these occur 84 hymns, or 13 percent of the popular songs of that period. The last hymn to become a hit (BRIGHTEN THE CORNER WHERE YOU ARE) was published as late as 1913. However, this category has been excluded from this study.

<sup>25</sup> It is to be kept in mind that the twentieth-century figures are based on only fifty years of popular song. Important contrasts are exhibited in the percentages.

<sup>26</sup> Slightly more than one half dealt with topical themes: war, nature, patriotism, the Negro (the largest single group of songs), etc. The other significant

of importance in nineteenth-century songs. Then, too, love was the dominant concern but songs of separation anxiety took precedence over those about the heart. Next in order as the main theme is faithfulness (25 percent). Significantly, these songs were more prominent than those dealing with depression, dependence, and wish fulfilment. It should also be noted that this incidence is four times more frequent than songs concerned with faithlessness.

Death figured prominently in ballads, particularly in the latter half of the century, but after 1900 only 17 (10 percent) had death or dying as the main theme.

The percentage of songs concerned with separation anxiety is essentially the same in both periods, but those dealing with clinging and depressive reactions were more frequent in the 1800's. In contrast, songs of possessive dependence, which ranked only seventh, rose to third place in the twentieth century and were almost three times more numerous (31 percent versus 11 percent). Two major world wars and a severe economic depression in less than fifty years may account for this later preoccupation with regressive tendencies. Perhaps man could no longer hide his basic insecurities in the face of such overwhelming external adversities. To judge from the songs he preferred, this would seem to be the case.

### VIII

In what has preceded, it has become clear that 'love' is generically the favorite and ever-present theme of popular songs. It appears in various and conflicting guises. Songs assert that love is a battle, a burden, a dream, a pilgrim, a sickness, a song, a traitor, a treasure; it is blind, not blind, mine, everywhere, fair, free, a lottery, the sun, the wind, a thing, an interlude, the best of all things, the big idea; it is like a bird, a butterfly, a cigarette, a firefly, a melody; and it 'is sweeping the country' (25).

It is clear that love confounds the lyricist in his attempts to

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group in the last century is about home and mother. They made up about 13 percent as contrasted with 6 percent in the twentieth century.



define it as much as it perplexes the psychologist in his efforts to understand its essential nature. Nevertheless, by applying such concepts of love as we have, I shall attempt to elucidate its role as expressed in song.

It is a fact of life that passion does not endure. Either a maturing of the relationship with the beloved develops or neurotic clinging results—if not disillusionment and withdrawal. In happier instances, people arrive at a stage of affection in which the shortcomings of each are clearly seen but tenderly accepted. This is not the end of love; 'it is only the end of romance' (24). Thus mature love is characterized by altruism and generosity; it is not demanding, greedy, possessive, or insatiable in its need for reciprocity; its egoistic, oral quality is reduced to the minimum. It is without desire to dominate, hurt, or humiliate; it is free of physical squeamishness and of moral depreciation; anal sadism and reaction-formation are minimal. The phallic pride of the male and the passive receptive modesty of the female are complemented by the wish to please and to receive pleasure. Finally, mature love is characterized by the more complicated but less understood emotion of tenderness. Though this arises from adaptive modifications of all aspects of psychosexuality, it probably draws most deeply on the reservoir of maternal love accumulated by one's own experience of it during childhood. This complex of attitudes has come to be referred to as genital love (*r*). On the other hand, immature love is comparable to the imperious demands of selfishness and insatiability and the dependency of infancy and early childhood. This complex is known as pregenital love.

Bearing these premises in mind, let us glance at two popular lyrics. In *THROUGH THE YEARS*, a lover tells the loved one that he will always be beside her no matter what the time or place; that all he possesses is to be shared between them; and that he will be there 'though clouds may come and hide you', all the while 'smiling through the years'.<sup>27</sup> In contrast, *IT'S A BLUE WORLD* is

<sup>27</sup> Words by Edward Heyman, music by Vincent Youmans. © 1931, Miller Music, Inc., and Vincent Youmans. Used by permission.

a complaint about life without the beloved, when one is left alone and days and nights are empty. The mood is indigo blue.

These lyrics illustrate the gamut of the love theme in popular songs. *THROUGH THE YEARS* is an example of the verbal expression of mature (genital) love. Joys and sorrows are shared, reliance on the partner is real without engulfment, and the relationship is steadfast. The mood and feeling of the second song are evidenced by reliance on another, by urgency, and necessity; there is no apparent concern for the partner—only longing, depression, and self-pity. The manifest content intimates that it is adult, heterosexual, and therefore mature love. But the implicit or latent meaning is quite the opposite, and the song can only be a statement of anaclitic or pregenital love. The mood of masochistic despondency may be denied by an attitude of omnipotence in which the loved one is taken for granted. In terms of two-person psychology, a pregenital object relation is one in which only one of the partners is viewed as having needs and thus as being entitled to make demands (1).

If we accept these descriptions of genital and pregenital love, it follows that pregenital love is the outcome of unresolved infantile attitudes toward the mother. In mature love, the maternal figure has been released by the child, and the child has been freed by the mother. Each is independent of the other, capable of going separate ways, but preserving a relationship which does not involve clinging, needful dependency.

In terms of the criteria discussed here, *of the 1470 contemporary songs which this study has considered in detail, only 16, or about 1 percent, come under the heading of mature love.*

## IX

From the contents of the tables and the preceding discussion, I believe there is evidence that (a) the popular lyric expresses unconscious infantile attitudes and that (b) unresolved whole or partial attachments to the image of the preöedipal mother provide the latent matrix for American popular songs. It is clear that their familiar romantic and sentimental elaborations

are disguises for an underlying anaclitic mother-child theme, expressed as concern with separation from a loved one. Hit songs thus seem to reveal an undercurrent of common concern affecting large numbers of people. The questions which follow are: do popular songs generally express the prevailing unconscious sentiments and mood of the society in which they arise; and, if so, what do they reveal about Americans during the first half of the twentieth century?

The history of popular music goes back to Homer. His epic songs record the manners, customs, relations between the sexes, religion, and current events of the early Greeks. Similarly, the Middle Ages were recorded and interpreted in the songs of the troubadours which, among other matters, passed on the tradition of courtly love. Behind the persistence of the mother theme in song is the fact, as Wittels (28) has said, that 'there have always been mothers'. So, too, have there always been children. And though man, in his social evolution, has largely given up the overt forms of his matriarchal orientation, our religions and cultural forms carry, as a heritage from Greek and Roman civilization, the influence of the Great Mother. I suggest that this influence strongly marks the form and content of American popular song, and I shall now attempt to discuss the sociohistorical basis for this view.

The concept and the cult of the Great Mother is complex indeed. Over and over again, her dual role is emphasized. She is the goddess of fertility and famine, of goodness and evil, of life and death. The positive aspect of the Great Mother is her capacity to bear fruit and release it, but she is also retentive and possessive (20). She can be as irresistible as Circe, or as repulsive as Medusa. In both forms, however, she is hostile and destructive. This concept survives today; 'the modern epithets for female beauty hint at the image of the dangerous woman: alluring, fascinating, charming, entrancing, captivating, bewitching—all these refer to the power of the woman to ensnare and enthrall' (8). Her victims struggle in the 'trap'. 'Net', 'noose', 'spider', 'octopus' are fitting symbols of their lost freedom.

Although man values his freedom, there remains in him the paradoxical tendency to feel it as a rejection when it means separation from the mother. This process begins with birth, and our deeper subjective reactions to it are distress, suffering, and a sense of helplessness. These feelings appear, vestigially or in full force, when any crucial change occurs in our accustomed state of existence. They are a manifestation of separation anxiety and derive from the emotional implication that the good, nurturing mother has become bad and depriving. Birth which, on the one hand, is a release into life is also regarded as expulsion from the paradise of passive uterine existence (20).

Weigert-Vowinkel (27) has likened the adult who has not progressed beyond the preœdipal stage to the little child who lacks 'the reservoir of narcissistic power to bridge over a period of emptiness . . .'. The deserted one is swamped by destructive instinctual forces and a feeling of guilt. 'His magic attitudes, his dances, his *music* [italics added] are like the cry of the hungry, forsaken child for the help of the mother.'

The more or less good mother permits separation and helps her child accept its freedom and individuality. For both mother and child, the capacity to become autonomous means attaining the ability to love maturely. The childish mutual clinging, holding, and incorporative attitudes are given up and the recognition of each other as individuals is born (12). But when withdrawal of love is used to control the love object, the sense of rejection and deprivation becomes transformed into attitudes of clinging and engulfment.

While we no longer give obeisance or recognition to the Great Mother as such, the Virgin Mary is unquestionably a derivative of this earlier cultural and emotional figure.<sup>28</sup> In the beginning, Christianity, under the influence of the Judaic and Mithraic religions, ignored the woman-goddess. But in the fourth century a Mary cult began to appear and Mary's increasing importance, especially in her maternal role, dates from that

<sup>28</sup> Reik (22) has suggested that the biblical Eve is also a late representative of an ancient goddess.



time (13). It has been suggested that, had not Christianity taken Mary into account, it might not have become the powerful force it is today.

Jones (14) says: 'Although in the Christian Trinity itself the Holy Ghost is the only figure that replaces the primal mother, nevertheless there is in Christian theology a female figure in the Virgin Mary, who also plays an important part. It would thus be truer to say that the original Goddess has been "decomposed" . . . into two, one of which goes to make the Holy Ghost and the other of which becomes the Madonna.' This is in line with Freud's demonstration that man tends to split women into two different categories: the goddess or good woman from whom all sexual feelings are withdrawn, and the prostitute or bad woman on whom all erotic feelings are concentrated. With this view of Freud's in mind, Jones suggests that both the 'Lady' and the 'harlot' are derivatives of the mother figure. Lampl-de Groot (17) has shown that the degraded woman represents the indulgent preœdipal mother who actively gratifies the male's archaic wishes. The idealized woman is the œdipal mother who is forbidden and taboo.

Not until the period of the Romanticists in the seventeenth century were love and sex conjoined. Samuel Richardson is credited by Beigel (3) as the first to recognize that love may accompany marriage. Formalized love in Western culture can be understood as having had four distinguishable phases: early Christian love; twelfth-century courtly love; nineteenth-century romanticism; and our present-day version in which we find a blend of all these modes.

The most immediate influence, of course, was exerted by prevailing conditions during the settlement of this country, beginning with the earliest emigrations from Europe. Moreover, these forces were rooted in the teachings of early Christianity. Within that framework women were considered social inferiors. This attitude seems to have grown out of man's attempt to control his sexual impulses toward the female in the group (11). Man could have viewed his sexual temptations as evidence of

his own 'weakness', but instead he chose to regard woman, the cause of his temptations, as less than himself.<sup>29</sup> This attitude toward women derived from the Judaic religion, which required men to cleanse themselves ceremonially and periodically of the taints acquired by sexual congress. Spiritual life and sexuality were, for Jews, incompatible. This asceticism was part of St. Paul's heritage, and its reverberations are found in his own teachings (Epistles) to the early Christian churches. In this he was dominated by two ideas: 1, the kingdom of God on earth was near at hand, and 2, for that reason he wanted no scandal or suspicion arising from the unorthodox behavior of women to interfere with the spread of the gospel (11).

St. Paul conceived of Christian living as a conflict between the flesh and the spirit. Thus, by depreciating sexuality, Christianity, despite its belief in the worth of the individual, accepted the tenet of woman's inferiority while at the same time according her more freedom and equality than ever before. The new religion continued to develop away from the Jewish theological system in which 'women were not of positive importance at the sacred level' (26). It attracted the kind of people who modified it ever further; recently converted from paganism, they gradually introduced some of their surviving ancient beliefs in the goddesses and the Great Mother, with the consequent evolution of the cult of the Virgin Mary. It might be assumed that with this the lot of women would have improved even more. Actually this was not the case because the Virgin Birth distinguished Mary from all other mothers. Consonant with the times, it placed the emphasis on her virginity and preserved her from the feared and hated sexual function of woman.

More or less concurrent with the founding of the new Church, the Roman Empire began to decline. Flagrant corruption and sexual license were rife. Christian asceticism reacted

<sup>29</sup> 'Although woman was banished from the Protestant pantheon, the revolt against her was not so much an attack on her for what she is in herself as a person but as the procreative partner and the one who symbolizes and arouses the erotic impulses of men. The revolt was not against her as the mother but as the central symbol of species life' (26).

against this and thus became an added force in the disintegration of the Empire. A new civilization emerged in which spirituality became the way of life for the Middle Ages. Men entered monastic orders, and women, even some who had been married previously, entered nunneries. While celibacy was always a cardinal virtue for religious, it did not become obligatory until the eleventh century.

In religious orders, avoidance of evil and firm belief in the kingdom of God constituted the order of the day in a setting of philanthropy and practical undertakings. 'It seems a harsh description of the prevailing social conditions to say that aside from marriage, which carried inherently a social inferiority for most women, there was opened to them as an alternative only the life of a prostitute on the one side or that of a nun on the other' (11). That prostitution flourished in the Middle Ages proves that the role of the prostitute was important and attracted many women. By contrast, the nun enjoyed social prestige and, if she became the head of her order, was a power in the community. Unburdened by domestic cares and forbidden a sexual life, she could devote her energies to the organization and activities of her order. Social work began in the monasteries and convents of the Middle Ages. The accomplishments of women in this field were considerable. Men, however, controlled the 'mediums of self-expression and social distinction' (11). Since women were excluded from warfare, this was a potent argument against giving them equality with men. Moreover, feudalism deprived them of property rights. Thus legal inequality was added to social and spiritual denigration.

In this setting courtly love began to flourish. It was characterized by intense passion and frustration, and it has changed little since that time. A lover (usually a knight) chose a married woman (or a widow, in which case a rival was invented) and fell passionately in love with her but never realized fulfillment of his love. De Rougement (6), quoting M. Charles Albert Cingria, says, 'The whole of the Occitanian, Petrarchian, and Dantesque lyric has but a single theme—love: and not happy, crowned, and satisfied love (the sight of which yields nothing),

but, on the contrary, love perpetually unsatisfied—and but two characters: a poet reiterating his plaint eight hundred, nine hundred, a thousand times; and a fair lady who ever says “No”. The more separation, the more obstacles, the more hindrances to the meeting of the two lovers, the more the suffering and the greater the ecstasy. In fact, ‘Whatever turns into reality is no longer love’ (6). An excellent example is the story of Tristram and Iseult: behind the passion of the lovers, which is disguised as thwarted love, is the deeper truth that the suffering is what is glorified. The troubadours’ songs conveyed a masochistic emphasis in which suffering and frustration were sought as ends in themselves (8).

Arising as it did during the period of Christianity when contempt for sexuality was paramount, a principal requirement of courtly love was chastity. Thus connubial love had no importance. Since the feudal system was breaking down and women of the ruling class were no longer economic assets, they were substitutively endowed with spiritual values. Gentleness and refinement became their idealized virtues. The codes and rules for the expression of love between lovers stemmed from these values which, in effect, protected the marital rights of the husband. The displaced œdipal conflict involving the lover, the lady, and the lady’s husband thus found its classical resolution with the husband-father victorious. The lover-child, after an intensely eroticized, long-suffering, frustrated relationship with the lady-mother, became masochistically fixated on the loss of the pre-œdipal mother.

De Rougemont has said that romance comes into existence only where love is fatal, frowned upon, and doomed by life itself. What stirs lyrical poets (and song writers) to their finest efforts is not happy love, not the satisfaction of love, but its passion. And passion means suffering. It is seen as a transfiguring force. In it ‘we are no longer aware of that “which suffers”, only of what is “thrilling”’. We seek the kind of love that promises the most feeling, and a major ingredient of this love is some form of obstruction, either real or imagined.’

Western poetry is derived from courtly love and the Arthu-



rian romances. 'That is why our poetry [and, I would add, our songs] employs a pseudomystical vocabulary from which, quite unaware of what they are doing, persons in love still draw today their most commonplace metaphors' (6). The man of passion wants to discover his own type of woman and to love no other. De Rougemont quotes a poem by Gerard de Nerval which relates a dream in which a noble lady appears to him in a landscape of childhood memories:

She's fair, dark eyes, and in old-fashioned clothes  
That in another life I may withal  
Have seen before, and now but do recall.

This is quite certainly a description of a *déjà vu* phenomenon referring to a preœdipal mother image. 'The themes, the conventions, and the emotional clichés are still with us. . . . In the standardized pulp literature, in the lyrics of our popular dance music—particularly the blues—and in the dramas of stage and screen, the masochistic element predominates and, of course, the illusion is maintained that love and love alone is sought' (8).

To counter the cult of the love for the idealized woman, the Church strengthened the worship of the Virgin Mary some time during the twelfth century.<sup>80</sup> Since then, Mary has held a firm place in the Christian (Catholic) religion; even in Episcopal doctrine the Mary cult has assumed some importance. At about this same time a radical change occurred in the game of chess. The piece first known as the vizier now became the queen. This piece had had essentially the same powers as the king. But in the fifteenth century the queen suddenly became the most powerful piece on the board, the position she holds today. Reider (21), quoting Colby, states that the rise of the queen's power in chess seems to have followed closely the rise of Caterina Sforza when she took over the ducal duties from her weak husband.

Chivalry, associated with courtly love, was the prerogative of the privileged leisure class and offered an escape from the rigors

<sup>80</sup> She became both the ascetic and sensuous ideal of womanhood. 'While the secular troubadours were singing the knights' chivalrous and perpetual love of

of the Church and the burdens of feudalism. Then came the Protestant Reformation and the Counter Reformation within the Catholic Church. While Luther, Calvin, and Knox, creatures of their time, accepted the idea of woman's inferiority, 'as crusaders for greater individualism in their religion, they were contributing to the forces that were to enlarge the life of women and release them from social handicaps' (11). So the idea of courtly love spread and became accessible to the masses. Eventually, in its bourgeois version, it was promulgated by the Romantics. While marriage was still arranged on a family basis, for the first time words of love were directed toward a possible love object—an unmarried girl. It was found possible to combine love and marriage. The right to make a personal choice of the marital partner evolved. The middle-class woman now equalled the aristocratic lady, so far as man was concerned.

The reign of Queen Elizabeth I gave additional stimulus to interest in women and their affairs. They were criticized for their behavior, their preoccupation with fashion, and their extravagance. Oddly enough, this very criticism provided them an opportunity for self-expression and recognition by men. It also led to English and, eventually, American Puritanism.

The Puritans who settled the New World were concerned chiefly with two by now familiar problems—man's relation to God and man's relations with woman. The external forms may appear different from courtly and early Christian love but the basic questions remained: how can man desire woman without sinning, and how can woman respond to his desire without herself being damned? The Puritans took a step forward when they recognized 'the woman as a responsible individual, an equal partner with her husband before God, and the bearer and educator of his children'. She now began to assume an importance which, as time passed, changed the general pattern of the family unit (7). The sturdy and courageous women who accompanied their husbands to the New World possessed the same pioneering

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the unattainable woman, using symbols of erotic love, the clergy and laity were offering prayers to the sacred woman whose cult as the Virgin and Queen of Heaven flowered in the rites of the Church' (26).

spirit as their men. No longer did they attend only to household duties; of necessity, many began to be concerned with matters outside the home. Frontiers were pushed ahead rapidly and women, who often had to be left behind temporarily, had to cope with family problems. Their role gradually became more dominant, especially after they began to control the family finances. Life on the frontier, and even in town, demanded that women assume more and more responsibility.

'The story of the American woman of the nineteenth century is the story of her struggle for recognition, of her claim to equality with man and often to superiority over him, and of her gradual isolation, and consequently the partial loss of her femininity' (7). As the economy improved, women were relieved of some household burdens. Yet convention still demanded that the home be their sole interest. The traditional Puritan view prevailed, and the distinction between the good (asexual) and the bad (sexual) woman persisted. Nineteenth-century man, absorbed in his 'masculine' affairs, did not recognize that rigid social standards, based on chastity and domestic virtue, were depriving woman of the emotional outlets she required and were forcing her 'to escape into a world of fantasy and romance' (7). The dawn of the twentieth century found woman still ungratified as a female. Unfulfilled, she remained an adolescent in personality, fixated in her ambivalent attitude toward the ideal of chastity and her latent but persistent sexual fantasies and impulses. Passion was shameful and had to be suppressed and denied. Submission to man's sexuality was expected, but enjoyment was proscribed. No 'good' woman could reach her full sexual potential; she dared not be a mature woman. Her daughters in turn were caught in the same bind; her sons could not hope to be freed from her. The final result is the American social phenomenon which has been called 'Momism'.

The 'good' woman, so prized in our culture, finds her prototype in the idealized mother. American Protestantism, a strongly masculine religion, allowed no room for the female in its doctrine until recently when it began to observe Mother's Day (originally a secular holiday). But this has only emphasized that

'established image of all women in the form of each man's mother' (26) whose love is divine. Perhaps this quick acceptance of a special day of tribute to mothers came about because of increasing awareness of the necessity for a female figure in Protestantism—a belated recognition of the needs which were gratified by the Great Mother in pagan days.

This brief account points up woman's difficult and ambivalent role from earliest times. Beginning with the Jews, continuing with St. Paul and his later counterparts in the Middle Ages, and finally the preachers of the Reformation and Puritanism, almost to the present time, woman has been told that she must deny her sexual needs. She must submit herself only for reasons of procreation and for the male's release from passion. Though the woman seems to dominate in American society, she is still subordinate to man in her sexual functions. Montagu (19) has suggested that man, in his need to suppress the magical qualities he has imputed to woman by virtue of her creative powers, has had to subject her in every other way. Concerned primarily with his business and extrafamilial affairs, man leaves woman to assume additional responsibilities without additional recognition or compensation. She is left sexually unsatisfied and is told in essence that if she wishes to be considered decent, she must deny her sexual desires. Man is, in effect, woman's greatest problem.

De Beauvoir (5) suggests that man's dilemma arises from his need to make his wife both servant and companion. 'How he will resolve this attitude is yet to be seen but as it is accomplished it will entail change and "evolution" also in the destiny of woman.' Menninger (18), recognizing woman's predicament, says: 'We are left in a seemingly hopeless impasse: the social and economic structure deprives women of satisfaction in their femininity and antagonizes them toward (male) children; the children reflect this in their subsequent associations with other adults and with the next generation; men turn away from women to the company of other men and thwart women further; men and women unite only to go to war with other men and women'.

Bettelheim (4), in a recent article, states that our attitude



toward sex has affected the young female more than the male. Our educational system fails to prepare the girl for life since she is reared 'in contradiction'. Education fosters thinking and acting for one's self, but femininity is couched in terms of passivity; '... without clearly understanding her own nature, she does not know where and when to be feminine and where or when to be equal'.

A common resolution of this dilemma is control and domination of the man, even as woman herself feels dominated by him. She may also turn to her child for vicarious gratification. Maintenance of the anaclitic relationship prevents the male child from attaining his full maturation and stature. Thus the female thwarts the male as she herself feels thwarted by him in the full realization of her femininity. In the absence of a strong and satisfying father (husband) figure, the growing child is overwhelmed and seduced by maternal indulgence. The preoedipal mother has functioned too well. Only a strong father and husband can help the child attain maturity, because he both sets the example for identification and averts the impulses of the mother to infantilize the child. He also confronts the child with reality: 'It is through encountering the strength of the opposing father that one obtains a mastery of reality; for one can then feel the strength of one's own impulses and measure them against a superior force. . . . The father's role is of greatest importance in disengaging the son from an engulfed relationship to his mother—a relationship in which son and mother, comprising the inner and outer worlds, are magically blended together . . .'(2).

## X

The clinical material presented here shows the lyric associations of patients to be connected with unconscious persistent ties to their mothers. Published lyrics reveal an explicit and implicit preoccupation of song writers with the same theme. Since these lyrics were 'hits', it is concluded that their mass appeal depended on a general readiness to accept this theme. The poignant and haunting quality of the lyrics and tunes reveals the prevalence

of a depressive mood in American society during the last half century. It seems that the sales appeal of popular songs of this period is not to be found in their sex appeal but rather in their expression of this depressive mood or of correctives for it.

An attempt has also been made, by tracing the existence of the mother theme along a sociohistorical axis, to answer the question: does popular song reflect the spirit of its time? It has been suggested that the American woman derives her ambiguous emotional position from the Great Mother fantasy inherited from Graeco-Roman culture and preserved in the doctrines of Christianity. It has been inferred that this culturally enforced position of American mothers has resulted in the infantilization of their children, especially the sons. From this, the central conclusion is that songs preferred by the children of these mothers express that unresolved anaclitic relationship in its many ramifications. Popular lyrics seem to recast in existential terms the ancient fantasy of the Great Mother who controls the fate of man.

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# 'OPEN END' TECHNIQUE IN PSYCHOANALYSIS

BY MARTIN GROTJAHN, M.D. (BEVERLY HILLS)

Resumption of analysis for brief or longer periods is a common practice. Freud long ago suggested that all analysts might profit from brief periodic resumptions of personal analysis. Analysts have always realized that analysis is a continuous process if only because in their work they are obliged at every step to analyze their countertransference. To forward this concept, the term 'open end'<sup>1</sup> technique was coined and introduced to the discussion of technique.

It is the aim of psychoanalysis to interpret and resolve the transference neurosis in the terminal phase of analysis. This should not interfere with the patient's need for an indefinite continuation of his analysis by himself and occasionally by analytic interviews with his former or a new analyst. I have referred to this technique occasionally as 'supervision of continuous self-analysis'.

The term and the technique of the open end procedure gives the patient or the former student of psychoanalysis a sense of obligation and inner urgency to allow the analytic process to continue. The term implies that some libido is transferred from the person of the analyst to the process of further analytic introspection.

Emphasis on the open end technique is specially indicated in the analytic training situation. Even the most careful, consistent, and conscientious transference interpretation by the training analyst must at times meet with special difficulties in the proper analytic interpretation of negative transference phenomena in his students who, after all, by the choice of their profession have a more intense identification with their analyst than the average patient. Many students of psychoanalysis go through episodes when they want to become analysts just like their analysts. Such trend for identification may find its counterpart in the countertransference of the training analyst, and with all due respect for the power of transference interpretation by the training analyst, a part of this transference

<sup>1</sup> The term, 'open end' technique, was suggested by Werner M. Mendel, M. D., in a discussion of psychotherapeutic transaction on March 27, 1963, at a meeting of the California Medical Association, Los Angeles, California.

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residual may remain incompletely analyzed. Attempts to reach it may contribute to excessive length of the training analysis. The open end technique provides an opportunity to dissolve transference residuals in two ways: by former students' (now colleagues) continued self-analysis, and by the open end attitude which implies that the door is always open for periodic continuation of their more formal analysis.

## BOOK REVIEWS

PSYCHOANALYSIS OF BEHAVIOR. COLLECTED PAPERS. VOL. II: 1956-1961.

By Sandor Rado, M.D. New York: Grune & Stratton, Inc., 1962.

196 pp.

This second collection of Rado's papers consists of twenty contributions varying from general theoretical discussions such as *Observations on the Development of Psychoanalytic Theory* (1960) to more specific clinical papers dealing with subjects such as drug addiction, obsessive behavior, masochism, and sexual anesthesia in the female.

As culled from these papers Rado's concept of psychic life is that the action-self (roughly corresponding to the ego) is engaged in an adaptive struggle for existence with the outside world. This adaptive struggle is on the basis of the pleasure principle—'the organism moves toward the source of pleasure (reward) and away from the source of pain (punishment)' (p. 44). This basic and primal pattern of behavior is called by Rado the hedonic unit or basic pattern of hedonic self-regulation. By learning and maturation the organism can substitute delayed reward for immediate reward. This is accomplished by a hierarchy of types of responses. A second stage following hedonic self-regulation consists of emotional responses such as desire, affection, joy, and self-respect, and emergency emotions such as fear, rage, and guilty fear. These emotional responses, like the preceding hedonic self-regulations, are innate forms of behavior based upon neurophysiologically pre-existent substrates. Higher units of such integrative apparatuses are emotional thought and, lastly, unemotional (impartial) thought. The self has also a hierarchy of organizations. The primordial self, in its pursuit of the hedonic goal, pictures itself as omnipotent and strives for constant aggrandizement. As the organism grows this original nucleus is modified to form the tested self which now strives for a more or less realistic system of self-government rather than for omnipotent magical goals. It is in this adaptive struggle that pathological states may enter: 'If in the adaptive struggle for existence self-government fails, the organism may seek to strengthen its tested self with regressively revived features of its primordial self. However, such repair work

is bound to miscarry since the resulting aggrandized self-image can only undermine realistic self-government' (pp. 22-23).

To spell it out a little more clearly, what Rado means is that there is a tendency to regression to the omnipotent magical primordial self if, because of defects in maturation and development of later stages, the organism finds itself inadequate to cope with a difficult life situation. In terms of freudian psychoanalysis, we may say that Rado has placed at the center of his dynamic considerations the question of the weakness of the ego's adaptive capacity with attempts at restitution by narcissistic regression.

By shifting the emphasis in psychic life almost exclusively to the question of adaptation to the outside world, Rado has all but abandoned the possibility of a consistent approach to the study of intrapsychic conflict, for example, the conflict between the drives and the counterpoised defenses. In the chapter on the development of psychoanalytic theory he mentions six elements laid down by Freud in his early papers which constitute the basic constituents of any dynamic theory of mental activity. Among these he gives first place to motivation. However, despite this acknowledged debt to the originator of psychoanalysis, he hastens to affirm that motivation embraces all inner promptings rather than the instincts (drives) alone. Defense mechanisms are little spoken of by Rado who speaks rather of 'controls' which constitute all restraining and shaping influences originating in the environment. Controls, he says, are a category of mental mechanism more inclusive than defenses. Clearly Rado here so broadens the categories in which drives and defenses fit that their own outstanding significance for psychic life, including psychological illness, is entirely lost.

Striving for greater scientific respectability, Rado arrives at the conclusion that Freud's concept of the id, the ego, and the superego is animistic in the sense that Freud conceived of opposing homunculi striving against each other—the id, for example, is but an imaginary little personage struggling against other imaginary little personages, the ego and the superego. He accuses Freud of an excess of imagination, and it is indeed ironic that he quotes Freud's having won the Goethe prize for literature as proving—to Freud's detriment—that he was more artist than scientist.

To this reviewer, the central importance of intrapsychic conflict between opposing mental forces is not an animistic confabulation



but an impelling scientific necessity based upon everyday clinical observation. Concerning Freud's supposed overimaginativeness, for a number of years now students of the scientific imagination have shown how closely linked are the modes of scientific and artistic creativity, both being well served by flights of imagination. Dostoevski was, after all, a pretty good psychologist. Rado may accuse Freud of being imaginative, but his own thinking is, by contrast, oversimplified and laconic, if not a bit tedious. In his effort to fit psychic life into his too much pared-down conceptualization he has come up with a system that seems incapable of dealing with the clinically observable facts of transference or transference neurosis; nor does he leave room for a truly comprehensive conceptualization of genetic maturational sequences or of specific individual vicissitudes of development. Perhaps Rado's simplicity is the reason for his appeal to some minds.

BERNARD BRODSKY (NEW YORK)

**PSYCHOANALYTIC CLINICAL INTERPRETATION.** Edited by Louis Paul, M.D. New York: The Free Press of Glencoe, 1963. 276 pp.

The prime role of interpretation in psychoanalytic practice has long been recognized, yet relatively little has been written about its theory and technique. In this work, Louis Paul brings together thirteen papers by various authors which appeared between 1934 and 1958 dealing with precisely these aspects of interpretation. In so doing he has performed a service to psychoanalysts, for the cumulative effect of these papers shows a continuity and development of thinking over the twenty-five-year period. As is inevitable in articles written for individual publication, there is some repetition of content. This repetition, however, reveals that in a quarter of a century the problems of interpretation have not been fully clarified.

Included are James Strachey's discussion in 1934 of the nature of the therapeutic action of psychoanalysis; Henry Ezriel's and George Devereux's ideas on experimentation and technique; Rudolph Loewenstein's thoughts on the role of interpretation in the theory and practice of psychoanalysis; Leon Saul's spelling out of technical rules in detail; Thomas French's considerations of many topics including countertransference; Heinrich Racker's writings on counterresistance; and a final paper by the editor summarizing and

rephrasing the logic of psychoanalytic interpretation. Together, these and the other papers cover the range of the theory and practice of interpretative interventions, all within the framework of modern ego psychology.

Freud's cogent paper in 1935 on *Constructions in Psychoanalysis* remains valid after twenty-five years. It serves as a background and standard against which the others can be measured. Freud limited his concept of interpretation to those statements that explain a single event and provide dynamic understanding of it. He preferred the name 'constructions' for statements that bring together a dynamic understanding of some current situation with its genetic background. He also used the term 'constructions' for statements that seek to make the patient aware of some forgotten event. Not many of the authors in this volume maintain this distinction. Most tend to regard an interpretation as an explanation to a patient, whether of the present or of the past. Ezriel, however, believes that, to qualify as an interpretation, any statement must contain 'a because clause' which points out to the patient why he is adopting a particular course of behavior; without this 'because' the statement is not technically an interpretation. In this sense, an interpretation may be of present experience, an explanation of past experiences that throw light upon the present, or, conversely, something of the present that throws light on the past.

Each author gives a great deal of attention to the importance of interpretation in advancing the progress of analysis, in providing a testing ground for psychoanalytic theory, and finally in providing the pathway to new theoretical formulations. All agree upon the importance of certain criteria, first enunciated by Freud, in judging the validity of a given interpretation. All point to the danger of the compliant or the intellectualizing patient who seemingly accepts an interpretation without in fact being convinced of its validity. Ezriel and Wisdom suggest the possible use of experimentation in interpretations as a means of testing the validity of given explanations. Most other authors believe that it is not necessary to have an elaborate investigative procedure, dependent upon such devices as recordings and one-way screens to test the accurateness of an interpretation. Loewenstein, for example, points out that each analysis is an experiment in itself, and the clinical data obtained served to test the validity of psychoanalytic hypotheses as well as

pave the way for new hypotheses. Most authors in this symposium are in agreement with this view.

Each writer assumes that the analyst giving the interpretation has been adequately analyzed. Only French considers countertransference phenomena, but these are not discussed at great length. Racker, in his paper, carefully separates countertransference, in its technical sense, from what he calls counterresistance. This is a reaction within the analyst to a resistance in the patient, based on an intuitive understanding of the patient's defense. Once such counterresistance is detected by the analyst in himself, he is in a position to interpret it to the patient, furthering the work of analysis. This is part of the process within the analyst leading to an intervention.

In his summation, Paul concludes that the basis of psychoanalytic interpretation is a psychoanalytic appraisal of the therapeutic situation, an observation implicit in all the papers and explicitly stated in some. Such appraisal is based upon the analyst's knowledge of the current analytic situation, the patient's history, defenses, and character structure, the transference and countertransference, identifications, counteridentifications, and the analyst's theoretical frame of reference. With such an appraisal, the analyst is in a position to explain certain aspects of behavior or productions. Paul states, 'To interpret means essentially to name, i.e., identify, categorize, denote, describe, designate, specify, label, construe, or translate, *something to somebody*'. This naming of something to somebody may be an interpretation that gives the 'what, who, where, and when' of the presenting behavior and may add the 'why, or how come' of such behavior. Paul describes in detail two types of statement and means of confirming the validity of interpretations. The language of Paul's paper is more sophisticated than that of papers of the earlier period, but the basic concepts have changed little.

All in all, the articles presented herein represent a valuable addition to the theory and practice of interpretation, the art of which is so necessary for the analyst to understand. By bringing together these contributions, Paul has performed a valuable task and has provided a springboard for future studies of this most important area.

EDWARD D. JOSEPH (NEW YORK)

DEVELOPMENTS IN PSYCHOANALYSIS. By Leon Salzman, M.D. New York: Grune & Stratton, Inc., 1962. 302 pp.

The early chapters of Salzman's book about developments in psychoanalysis are disappointing. His accounts of Freud, Adler, Jung, Ferenczi, and others seem to this reviewer not only rudimentary but biased, and occasionally inaccurate. For example, Topology is a faulty heading for a discussion of Freud's structural approach. A brief criticism of the preconscious misses the point of Freud's careful description of topography in its relationship to the structural constructs of id, ego, and superego. Surely Freud himself refuted the allegation (repeated here) that the unconscious is merely the repository of infantile urges and repressions.

When it reaches Horney, the book picks up momentum and skill. The account of Horney is first rate. Emphasis is laid mainly on her last book, *Neurosis and Human Growth*, but not without adequate discussion of *Our Inner Conflicts* and earlier books suggesting the cultural element in neurosis. Her later concern with the self as an entity is related to Adler and in a way to Jung. This reviewer regrets that it is not carried forward explicitly. Fromm is described as a sociologist and philosopher of ethics. *Escape from Freedom* (1941) was a very important book for clinicians struggling to see their patients and themselves in a social perspective. One wonders why Kardiner's more systematic efforts to study the relation between the individual and his culture are not even mentioned.

The next author discussed is Sullivan, and here Salzman really feels at home. He comments that Sullivan is the most fruitful contributor to psychiatric theory since Freud. He evolved a complete theory of personality that concerns itself largely with the adaptability of the individual to the culture and to other individuals. He combined the contributions of earlier thinkers into an approach which Salzman considers 'closest to an operational statement of human behavior that has been developed up to date'. The next chapter deals with later 'neofreudians'. Rado's adaptational theory is presented sympathetically without its complexities and without Kardiner. Silverberg, Robbins, Clara Thompson, and Fromm-Reichmann have their word, and European existentialism gets five pages. Rollo May is not mentioned, nor are Goldstein, Maslow, Rogers, and others who might be generally sympathetic to Salzman's ap-



proach. Freudian ego psychology is dismissed as too technical or too hidebound for presentation. Hartmann, Kris, and Loewenstein are thus barely mentioned. Anna Freud, Erikson, Rapaport, and many others are conspicuous by their absence.

The second half of the book deals with special issues: sex, female psychology, homosexuality, love-hostility-depression, masochism, and finally therapy. Systematic critique of the orthodox freudian position begins each chapter, and each continues to free discussion of the interpersonal origins of conflicts, their manifestation in interpersonal current difficulties, and their resolution in interpersonal relationship with the therapist.

The clinical sections are well presented, and should be of interest to any freudian who can surmount the annoyance of a poor presentation of his own approach.

†TRUTH L. MUNROE

**PERSPECTIVES IN PSYCHOLOGICAL THEORY. ESSAYS IN HONOR OF HEINZ WERNER.** Edited by Bernard Kaplan and Seymour Wapner. New York: International Universities Press, Inc., 1960. 384 pp.

'Good music is music played by good musicians',—a definition applicable to this book, for its authors are good musicians of their science. Eighteen of them present these fourteen essays as an honor to Heinz Werner, by whose comparative-developmental approach to behavior all have been affected. The air of pleasant enthusiasm and affection for Dr. Werner gives a festive spirit to this *Festschrift*.

One would expect among so many essays by so many authors to find some unevenness, but all the contributions are scholarly and some are brilliant. Expositions and definitions of philosophical problems, experimental propositions, and theoretical thinking are supported by careful, and sometimes Talmudic, argument. It is interesting to find that even though the authors include psychiatrists, comparative, social, and research psychologists, a linguist, and a psychoanalyst, the semantic operations peculiar to each discipline seem easily translatable from one to the other, so that coherence is for the most part maintained throughout. If there is a weakness, it lies in the attempts to quantify psychological data, attempts usually fraught with theoretical dangers.

The one essay by a psychoanalyst, David Rapaport's Psycho-

analysis as a Developmental Psychology, is a gem; Rapaport uses his knowledge and historical perspective to review and define propositions related to Werner's developmental theories. He ranges from instinct and ego psychology to Piaget and ethology. The book should prove interesting and significant not only to psychologists, psychoanalysts, and psychiatrists, but also to social scientists and those interested in combining biological and psychological entities in research studies.

MARTIN A. BEREZIN (WEST NEWTON, MASS.)

PERSONALITY STRUCTURE AND HUMAN INTERACTION. THE DEVELOPING SYNTHESIS OF PSYCHODYNAMIC THEORY. By Harry Guntrip, Ph.D. New York: International Universities Press, Inc., 1961. 456 pp.

This volume records an intense and sometimes embarrassing transference romance between its author and W. R. D. Fairbairn. As in all such affairs, outsiders are devaluated or seen as intruders, predominantly bad. As Guntrip might put it, opponents are 'antilibidinal forces' representing the 'rejecting object'. Naturally, Freud and his followers fit into this scheme or drama as the 'sadistic superego' persecuting the 'libidinal ego'. Obviously such 'persecutors' must be overthrown if the 'forces of progress' are to win the field. And indeed Guntrip casually discards drive theory (and in particular infantile sexuality); the structural hypothesis; the accepted understanding of the process of symptom-formation; and the oedipus complex as a significant determinant of neurosis. Freud is seen as a giant shackled by his theory of instinctual drives and hence able only to elaborate an 'atomistic Helmholtzian psychology'. Guntrip takes a passing swipe at Glover for his concept of ego nuclei as also being atomistic and as missing the real significance of the primary unitary ego, 'the core of the personal self'.

It seems that in this romance the three musketeers, Klein, Fairbairn, and the author, have rescued ego psychology from its freudian slough of despond. Klein is the courageous but still naïve pioneer, braving the dangers of heresy to uncover the heretofore concealed secrets of object relations. However, because she believed in the death instinct, she erred in assuming that active aggressive forces in the infant operate primarily and are later projected onto

objects which are then introjected as 'bad' or 'persecutory'. Fairbairn and Guntrip have gallantly rescued her theory from its irrelevant instinctual trappings, refining the pure gold of 'internal bad object relations' and discarding the dross of the theory of aggression. Fairbairn conceives of the ego as a 'pristine, whole structure' which becomes differentiated through the experience of object relations. These differentiations (or splittings, as Fairbairn labels them) of the ego are secondary to the plurality of internal objects. Guntrip contrasts the 'bad', mechanistic, biologically based, freudian view of the mind with Fairbairn's 'good' view of the whole person and his striving for object relationships. In this scheme, pleasure is merely a signpost to the object, and failures in this striving are due to schizoid weakness and fear of closeness and dependence. By contrast, Freud's psychology is seen as a moralistic system of impulse control leaning on guilt and depression. The oedipus complex is significant only in the formation of a civilized and moral ego, while the schizoid position is central to all pathology. Endopsychic life is seen as an expression of self-hate, directed by the split-off 'antilibidinal ego' (which includes the attitudes of the 'rejecting object') against the 'libidinal ego' which persists in seeking satisfaction of its needs despite extreme masochistic suffering.

This is a 'new look' at the so-called hard core of neurosis out of which all conflict and symptoms allegedly arise. There is another split-off ego, the 'central ego', which is in touch with outer reality. This delibidinized central ego carries on its transactions with outer reality as a helpless spectator to a vivid sadomasochistic drama. These nuclear data are frequently disguised in sexual symbols, oral, anal, and genital. They are merely costumes and disguises for the real cause of neurosis, which is the persistence of infantile dependence caused by the failure of parents to love their child as a person in his own right. Psychoanalytic therapy of the neuroses then is not merely a matter of the gradual widening of consciousness leading to reconstruction and recall. Interpretation in this framework is designed merely to dissipate symptoms and to uncover the real, deep trouble, the struggle of the immature ego to survive in the face of its bad objects and its attempt to ward off the temptation to become the 'regressed ego' which flees from life, both external and internal.

The essential religio-ethical character of this psychological system is nowhere so apparent as in the recurrent calling of certain phenomena 'bad' as opposed to 'good'. Thus regression is 'unwelcome, bad'. It is almost unfair to criticize this work on scientific grounds for to this reader it is a work of fiction in which the concepts are the thinly disguised main characters of the story. Just as in any tale of suspense, the split-off 'good egos' wage a fearsome and continuous struggle against the 'bad egos' and 'bad internal objects'. Yet it behooves one at least to state that the elevation of the phenomenology of adult psychotic patients to the status of explanatory concepts pertinent to all life leads to the blurring of essential distinctions of etiology, of mechanism, and of structure. It is clear that conflict between drive and drive-controlling structures does not in itself account for psychotic disturbances. However it does account, eminently well, for the genesis of the neuroses. One can very adequately explain, predict, and successfully treat the various manifestations of neurosis without assuming that so-called ego splitting and the schizoid process play a significant role. However, I am not one to carp about science as a deterrent to writing a book. If one complains about the excessively large cast of characters, one should remember that it is better fun when there are so many imaginary companions in the game.

DAVID L. RUBINFINE (NEW YORK)

**DIRECT PSYCHOANALYTIC PSYCHIATRY.** By John N. Rosen, M.D. New York: Grune & Stratton, Inc., 1962. 253 pp.

John Rosen's treatment of schizophrenics was one of the most talked about developments of postwar psychiatry. The present volume is an attempt to make clearer his theory and method. 'As we understand it', he writes, 'we are attempting to do with the psychotic what Freud evidently did in treating the neurotic: that is, to make patent to him the latent meaning of his manifestations. The individual himself, of course, is the creator of these manifestations, and unconsciously he knows their latent meaning as well or better than we do. Accordingly, making conscious to him what is unconscious in him is our task in treatment.' Rosen's technique is thus predicated on some of Freud's very early concepts, particularly his topographical model and his theory of drives. One looks in vain



for any substantial awareness of ego psychology or for any other sophistication in theory or practice.

A little over one hundred pages are devoted to what Rosen calls *Manifestations, Understanding and Treatment*. A slightly abridged sample will convey the essence (p. 145):

#### MANIFESTATION GROUP 4: APPEARANCE AND MANNERS

##### *Manifestation*

Item: 4a, drooping posture.

Definition: the individual is markedly limp or slouching while he stands, sits, or moves; his arms hang by his sides. . . .

Example: the case of 'A.I.', who would slouch in his chair for hours at a time, or sit leaning forward with his head and arms hanging limply. . . .

##### *Direct Psychoanalytic Understanding*

Motif: 1. 'I am dreaming that I am mourning (because I have lost the penis, feces, and breast)'.

Traditional Classification: Manic-depressive reaction, depressed type.

Amplification: This individual's drooping posture is in physical compliance with his dejected state of mind. He is like the baby who becomes limp from physical exhaustion after having importuned his mother in vain for attention and comfort. The attitude here might be crystallized in the words, 'I give up.'

##### *Treatment Session*

The direct psychoanalyst may make specific references to this individual's drooping posture, based on the idea that the superego is commanding the individual to be 'still' and 'quiet'.

Otherwise, the direct psychoanalyst can proceed as suggested in the discussions of 'slight amount of talk' (Item 1b) and 'slight amount of activity' (Item 2b).

This material is neatly organized; some psychoanalysts may be disturbed by the fact that it follows a cookbook pattern. I am not. In psychiatry there is so much loose talk that I should welcome a 'cookbook' on treatment. My complaint is rather that the fare is oversimplified, using too few ingredients to support life.

Evaluation of the therapeutic method of direct psychoanalysis can be safely based on its conceptual foundations. As others also have concluded, Rosen's method of cathartic interpretations (now supplemented to a greater extent than before by imposition of certain authoritative controls) can undoubtedly be successful in reversing some acute psychotic symptoms. I have no doubt that this process alone, in some patients, may be enough to encourage almost

autonomous development of new structure. Having myself sat on the floor of 'strong rooms' and engaged in this kind of communication with psychotics more than twenty years ago, I do not doubt that the method has certain advantages. In fact, I think every psychiatric resident should have some experience with it, as a way of learning and as a unique source of personal illumination and gratification; but the resident must be taught to go on from there, as this method is but one of many and treats but one phase of the disturbance; he must also learn more sophisticated theory.

I am truly disappointed. In many ways, ego-psychological analysis has been carried to extremes these days. 'Microanalysts' often lose therapeutic perspectives by persisting obsessively with the analysis of ego-psychological minutiae to the point where secondary gains of the analytic situation endanger the curative process. A statement of the value of judicious and selective technical use of direct interpretations could have been of considerable service. The fact that chapter headings are set in heavy slugs more appropriate to a political manifesto than a scholarly volume adds an unnecessary, regrettable feature.

Rosen is a vital man, a deeply committed one; but his theoretical formulations as well as his clinical approach are one-dimensional and of very limited use.

LEOPOLD BELLAR (LARCHMONT, N. Y.)

THE SELF AND OTHERS. FURTHER STUDIES IN SANITY AND MADNESS. By R. D. Laing. Chicago: Quadrangle Books, Inc., 1962. 186 pp.

This is a small book about a large subject. In less than two hundred pages, the author has attempted 'to depict the own person within a social system or nexus of other persons; . . . to understand the way in which the others affect his experience of himself and of them, and how, accordingly, his actions take shape'. For such a task an author needs a firm position, a consistent point of view, and a theme. Dr. Laing's position is existential, his point of view phenomenological, and his theme a quotation from Confucius, 'The way out is via the door. Why is it that no one will use this method?'

Readers will enjoy the author's style, which is graceful yet clear, and his skilful use of illustrations from the classics, modern literature, and clinical practice. Unlike many existential writers,

Laing avoids obscurity. The book is well organized and edited. There is an adequate index and a well-selected bibliography.

The first part of the book deals with modes of interpersonal experience. 'Experience as lived is always a blend of fantasy, imagination, dreams of extraordinary complexity, and a constant de-structuring-restructuring of their synthetic unity.' Fantasy as a mode of experience gets special emphasis. A number of propositions about fantasy are developed. These are derived from psychoanalytic sources and are a contribution to further psychoanalytic thinking. Although most people are unconscious of this experience, 'one lives all the time involved in, or participating in, other persons' fantasy modality as they do in one's own. The relatedness of self and others that can occur on fantasy level is as basic to all human relatedness as the interactions that most people, most of the time, are more aware of.' Thus, in a dyadic or family relationship producing intense psychological stress, an outsider sees that the way out is via the door. But within the fantasy of the nexus, to leave may be an act of ingratitude, cruelty, suicide, murder. The first steps must be taken still within the fantasy—herein is the risk of defeat or madness.

The second part of the book deals with forms of interpersonal action. Many of the ideas here are familiar from publications concerned with transactional analysis, communication, person perception, and family process, particularly by the group at Palo Alto. For example, there are chapters on identity and complementarity, confirmation and disconfirmation, collusion, ambiguous injunction, and driving the other crazy. The concepts are clear and consistent with each other, but the author specifically disclaims any effort to introduce a complete or comprehensive system that could be used as a model of interpersonal relationships. He draws few conclusions. The book has no summarizing or concluding chapter.

Laing, who is a psychoanalyst at the Tavistock Clinic, London, seems to be presenting his observations and concepts as working ideas that have helped him to understand and study the process of interaction in marriages, families, and groups. The book will be of special interest to others who are working in the same areas of clinical practice and research.

ROBERT E. LITMAN (BEVERLY HILLS)

DRUGS IN PSYCHOANALYSIS AND PSYCHOTHERAPY. By Mortimer Ostow, M.D. New York: Basic Books, Inc., 1962. 348 pp.

Freud expected a time when drugs would be used during analysis to direct it into the most fruitful channels. Ostow explains his own use of drugs as an aid to psychotherapy or psychoanalysis of highly disturbed patients. The book is based on observation of thirteen patients in analysis and five in intensive psychotherapy. As a control he used thirty-three patients treated primarily by drugs. He gives a detailed account of treatment of a neurotic and a psychotic patient (both still in analysis at the time of writing) to demonstrate the use of drugs.

Ostow summarizes his recommendations thus: 'No drug should be given in the course of psychoanalysis or psychotherapy which is of the uncovering, insight-giving type, unless the treatment cannot proceed without it, or unless there is a serious threat to the patient which medication can alleviate. No drug can substitute for good psychotherapeutic technique, and drugs should not be invoked simply to overcome resistances which should properly be handled by interpretation. The correct administration and regulation of pharmaceutical agents is . . . complex and difficult. . . [But] when there is an acute need, and the right drug is given at the right time, its effect on both the patient and the therapy is striking.' Use of drugs may obviate shock treatment or hospitalization, which procedures are damaging to transference.

The study involves the application of the libido theory with emphasis on the variation of libidinal psychic energy arising within instinctual sources and driving the dynamic processes. To regulate the administration of drugs only libidinal energy was considered. Ego function varied with the amount of psychic energy available to it. In melancholia, for example, antidepressant drugs—'energizers'—increase the libido content of the ego. Tranquilizing drugs decrease the amount of instinctual energy available to the ego. Both types act upon the basal ganglia, which are concerned with the generation and distribution of instinctual energy. Ostow conceives the energizer as putting a 'floor' beneath the libido level in contrast to the tranquilizer, which fixes a ceiling over it. At times he uses both drugs to define a channel for ego libido fluctuations. 'The drugs however do not act upon disease entities but rather upon the dis-



tribution of psychic energies. . . . Indications for selection and dosage depend upon energetic criteria rather than upon diagnostic or dynamic criteria.'

Ostow offers a 'scale of ego libido', showing degrees from zero ('profound, inert melancholia or catatonia') to ten ('delusional mania or schizophrenia'); position four, for example, shows 'self-orientation, feeling of enervation'. This reviewer wonders how reliable is the scale. Ostow himself suggests that two observers would not differ by more than two scale positions and that anyhow 'this problem does not arise when an individual analyst or therapist employs the scale to follow the vicissitudes of his patient's illness'.

In the cases presented, the sessions are reported in varying detail. Carefully worked out charts are included. These omit vicissitudes of aggression since only libidinal changes are traced. However, amounts of aggression can be reduced by increasing libido supply as pointed out by Ostow recently.<sup>1</sup> A later panel took up the question of psychic energy and its measurement. Ostow defended the concept of psychic energy, distinguishing between psychic energy as the impetus of an impulse and as a kind of ego fuel supply. It is the latter that is involved in drug action.<sup>2</sup>

The book also contains An Epilogue: On Human Understanding, which explores the implications of energy theory for group and cultural behavior, and an appendix that describes relevant pharmaceutical agents.

This volume is an important contribution to the use of drugs in analysis of difficult patients or in critical situations that arise during treatment. The cases reported demonstrate that the drugs used can alter the clinical picture. But one wonders whether we can definitely say that the quantity of libido is the factor changed.

PAUL COOLKER (GREAT NECK, N.Y.)

ŒDIPUS IN NOTTINGHAM: D. H. LAWRENCE. By Daniel A. Weiss. Seattle: University of Washington Press, 1962. 128 pp.

This book, written by a literary critic, is a psychoanalytic inquiry into the work of D. H. Lawrence. In a brief introductory chapter

<sup>1</sup> *Symptom Formation* (Symposium). J. Amer. Psch. Assn., XI, 1963, p. 166.

<sup>2</sup> *The Concept of Psychic Energy* (Symposium). J. Amer. Psch. Assn., XI, 1963, pp. 605-618.

Weiss expresses his conviction that psychoanalytic thinking has value in interpretation of works of literature, yet cautions against 'reduction of literature to a limited number of preliterate elements'. 'At its best, then', he believes, 'psychological criticism should constitute a bureau of tragic or comic weights and measures, testing in the work of art for the organic, psychologically valid material'.

The chapters, *The Father in the Blood*, and *The Mother in the Mind*, present mainly an analysis of *Sons and Lovers*, an analysis fascinating not so much by its demonstration of œdipal material in the novel (which is obvious), but by its sensitive elaboration of details and juxtaposition of passages from the novel with analogous passages from psychoanalytic literature.

In the chapter, *The Great Circle*, Weiss demonstrates that 'the less fully resolved relationship between the father and son in *Sons and Lovers* is the relationship upon whose psychic residue Lawrence was to draw for the rest of his life'. This part of the book is especially valuable. Discussing the sequence of Lawrence's writings after *Sons and Lovers*, Weiss describes the gradual changes in the novelist's presentation of an unsophisticated, sexually potent father figure. It is of great interest to see how the rather negative figure of the father (Walter Morel) in *Sons and Lovers* is replaced by the idealized figure of the gamekeeper in *Lady Chatterley's Lover*.

From the recently published *Minutes of the Vienna Psychoanalytic Society*, we know that in a scientific meeting held on December 11, 1907 Max Graf, Freud's musicologist friend who was then a member of the inner group, presented a paper on *Methodology of the Psychology of Poets*. Graf pointed out that 'the central themes of the poet's creations betray the innermost mechanisms of the poet's mind'. He stressed the advantages of a psychoanalytic study of the relation between a poet's work and his psychology. At the end of his presentation he added a note of caution saying that the clinical point of view will never be sufficient and that 'the highly complicated sensitive organism of the poet can be understood only by one who is artistically endowed in the first place'. According to the *Minutes*, Freud 'emphasized that he agrees with Graf in principle'.

In his book Weiss does exactly what Graf considered the essence of a psychoanalytic inquiry into the work of a poet. It is good that he uses a minimum of biographical evidence and arrives at his interpretation mainly through an inquiry into Lawrence's total

literary creation. A poet's work forms a much more reliable basis for understanding than biographical knowledge, which usually is heavily biased.

FRITZ SCHMIDL (SEATTLE)

HENDERSON AND GILLESPIE'S TEXTBOOK OF PSYCHIATRY. Ninth Edition. Revised by Sir David Henderson and Ivor R. C. Batchelor. London and New York: Oxford University Press, 1962. 578 pp.

The ninth edition of Henderson and Gillespie is worthy of its predecessors; it is one of the best introductions to psychiatry. The historic, social, legal, genetic, neurologic, biochemical, and statistical aspects of psychiatry are ably presented. The classification and diagnosis of psychiatric disorders are sound and instructive. While drugs and other physical modalities of treatment are clearly and succinctly described, the authors warn against reliance on such measures to the neglect of psychotherapy, hospital and community milieu therapy, vocational rehabilitation, and work with the patient's family, all so essential to his treatment.

In spite of their coolness to psychoanalysis, the authors' psychotherapeutic approach compounds a good deal of valid psychoanalytic theory into their fundamentally Meyerian psychobiologic orientation. One can think of far less felicitous eclecticism. Freud, Abraham, Jones, Ferenczi, and Fenichel are quoted or referred to. The concept of unconscious psychic conflict, among other psychoanalytic formulations, is held worthy of incorporation into the fundamentals of psychiatry, but the theory of infantile sexuality still evokes conspicuous gagging.

More serious is the fact that the authors regard as safe the use of the 'main psychoanalytic techniques' (free association, dream interpretation, and analysis of the transference) by psychotherapists untrained in psychoanalysis. Whereas 'classical psychoanalysis as a treatment method has limited applicability' and 'wrongly used psychoanalysis can be dangerous', neither the dangers nor the wrong use is elaborated. One is left with the impression that psychoanalysis by a psychoanalyst is risky business, but not psychotherapy by someone using the main techniques. It may be no accident that countertransference is not mentioned. The matter is worth clari-

fyng in the tenth edition, which might easily remedy the conspicuous omission in the ninth of an account of approved psychiatric as well as psychoanalytic training.

Finally, one can only hope fervently that, in a work of such general excellence and popularity, the tenth edition will contain an up-to-date summary of psychoanalysis that will more accurately reflect current theory, practice, and research.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

INFANTS IN INSTITUTIONS. A COMPARISON OF THEIR DEVELOPMENT WITH FAMILY-REARED INFANTS DURING THE FIRST YEAR. By Sally Provence, M.D. and Rose C. Lipton, M.D. New York: International Universities Press, Inc., 1962. 191 pp.

This monograph is the result of a brilliantly conceived and executed effort to delineate the specific psychological deficits produced by maternal deprivation. Seventy-five infants who were placed in institutions in the first month of life and remained there for about a year were the subjects of the study. Fourteen of the children were observed at various times after their subsequent placement in foster homes. Most of the significant data were gathered by application of the Gesell and Hetzer-Wolfe Baby Tests, used not only to obtain quantitative data and profiles in various areas of development, but also as a 'structured and observational setup' from which clinical observations could be made. Consistently and with great clarity these data are compared with the data on normal development obtained by the same investigators using the same procedures with infants reared in families. To make this comparison meaningful, the authors present for each set of data a condensed review of the underlying psychoanalytic theory in terms of drive and ego development, especially as interrelated with object relations. Psychoanalytic theory determined the focus and direction of observation.

The findings constitute another, but this time exhaustively and precisely documented, demonstration of the vital importance of the mother in the earliest years of life and will not be surprising to psychoanalysts. However it is impressive to learn from direct observations of pathological development that deviations occur so early, so extensively, and in so many unforeseen areas. In the absence of the mother the fundamental pathways for development are missing.



Denied the nurturing care of a mother, these babies do not show confident expectation; as there is no turning from passivity to activity through identification with the active mother, they suffer serious interference with adaptation to both outer and inner reality; lack of opportunity to adapt to experiences and conflicts with the mother diminishes the richness and variety of emotional life.

This study lends further support to the value of distinguishing between maturation and development. Provence and Lipton show many instances where the autonomous ego apparatuses have matured but have not been used because the 'carrier and organizer of experience' — the mother — was absent. The most severe instance of this, as one might expect, is in language, revealed not only in paucity of words but also by deficiency in affective communication. The authors locate the beginning of deviation in the children at two months of age, when the institutionalized infants fail to make a postural adaptation to the adult embrace. At four to five months of age their difference from family-reared infants becomes apparent on immediate observation of the infant *in toto*, his body and especially his facial expression.

One problem raised by this study is the vicissitudes of the infants' drives, especially aggression. There seems to be, in general, a low level of drive discharge; for example, in the almost universal rocking behavior that was observed, it was the investigators' impression that there was a lack of intensity, and to them a lack of libidinal investment in what otherwise is expected to be an autoerotic activity. Even less apparent were expressions of aggressive discharge, either of an autoaggressive nature or toward adults or other children, in the face of repeated and severe frustrations. In contrast, the urgency, distress, and aggressive nature of the self-stimulating activity of psychotic children may be evident early in the second year of life.

One can only wonder whether the 'blandness' of these infants is a manifestation of depression due to delay in drive maturation because of the absence of objects for drive investment or, as suggested by the authors, a consequence of the infants' inability to use their bodies for either comfort or aggressive discharge—a matter of drive regulation rather than of maturation. It seems noteworthy that the institutional environment is described as consistently bland. The low level of external stimuli may not only present a less intense

external reality for adaptation and be less stimulating in general, but may also serve a protective function via some form of primitive identification. When the infants are placed in families, aggressive manifestations appear and are considered a sign of healthy development. It is hoped that follow-up studies will be made.

This book offers detailed findings and a remarkably clear integration of psychoanalytic theory with the facts of normal and disorder development in the first year of life. It should provide a thought-provoking experience for psychoanalysts.

MANUEL FURER (NEW YORK)

ESCAPE FROM AUTHORITY. THE PERSPECTIVES OF ERICH FROMM. By John H. Schaar. New York: Basic Books, Inc., 1961. 324 pp.

It is not difficult to share ideals with Erich Fromm, humanist, idealist, and powerful social critic. At least John H. Schaar, political scientist, believes so. He admires Fromm for his critical scrutiny of society and willingness to define what he considers to be the good, the moral man in a sane and good society. But to share ideals is not synonymous with sharing ideas; and in this particular instance Schaar's penetrating analysis of Fromm's ideas finds them inconsistent, contradictory, and lacking in logic though they are, at first blush, attractive, dazzling, and even plausible. Schaar dissects Fromm's Utopia, probes the depths of its logical and philosophical position to unveil its origins and its consequences. The Utopian society conceived by Fromm is humanitarian, naturalistic, and mystical. He cures society and abolishes man in the social system he visualizes for mankind.

Fromm believes that ethical standards, value judgments, the norms of conduct can and must be derived from man himself, not from authority; that ethics is inherent in the living; that he has found objective norms based on the nature of life itself. It is an important consideration that he believes that his insights about the human condition stem from his knowledge and experience as a psychoanalyst, that his grasp of man's basic needs is derived from empirical data which permit him to know what is good for man and what is evil. Schaar's analysis demonstrates otherwise: Fromm's insights are normative and philosophical in their derivation rather than empirical. In the first few pages of his prologue Schaar makes

clear that he considers Fromm's ethics more idiosyncratic than psychoanalytic. Two quotations will illustrate how Schaar understands Fromm's relation to psychoanalytic theory:

'The passion and vision of Prometheus also explains Fromm's peculiar relations with psychoanalysis. Fromm's diagnosis of the modern condition is grounded in psychoanalytic premises and his discourse is usually carried on in psychoanalytic language, but his therapy is designed not so much to relieve individuals of their neurotic burdens as to cure society. In Fromm's clinic society is the patient. Like Marx and Rousseau, he believes that man is the victim of vicious institutions. Prometheus has been chained to the rock not by the angry gods but by an evil society. ...'

Again: 'Most misleading of all [the many labels that have been applied to Fromm] is the standard label, that of freudian revisionist. It is certainly true that Fromm has carried on a one-sided argument with Freud for something over a quarter of a century, but an argument which embraces values Freud shunned, starts from premises he rejected, accepts types of evidence unknown to him, employs methods he denied, and leads to different conclusions on all the basic issues ought to be called what it is—opposition and not revision, revolt and not reform. Fromm is a revisionist of Freud in about the same degree, if not in the same direction, that the Prince of Darkness was a revisionist of the Prince of Light.'

Schaar notes some of the differences between Freud's and Fromm's concepts of man and his civilization, but does not merely say that Fromm's system of ethics is not derivable from psychoanalytic theory. Schaar states, 'Fromm's appeal to "science" is a foreign element in his argument. Fromm does have an image of human nature, and he does set forth a panel of basic human needs which must be satisfied if life is to be good, but this common core, this model of human nature, is not a construct inferred from empirical-scientific observations of human behavior. It is, rather, based upon a philosophical analysis of the human condition.' The mystical religion, the philosophical stance is a product of a peculiar eclecticism that combines and marries diverse systems of thought which are incompatible and which contain unverifiable assumptions and untenable conclusions. 'Fromm's theory of ethics is not logically convincing.' His vision of man is partial and unreal; he makes envy, hate, cruelty, pride, and selfishness unreal and only secondary qualities. His civilization arises

'out of a full expression of man's power'. He identifies the good with the realization of the 'self' ('man is basically good if he can fulfil himself'). His theory of moral selfhood is based on a concept of self as substance. His overvaluation of the human conscience and his doctrine of living for the sake of living are full of pitfalls, one of which is that the morality of Fromm sometimes seems to resemble moral anarchy.

An example of his capacity to combine disparate systems of thought is contained in his theory of character. The ideas of Freud, Marx, Hippocrates, Harry Stack Sullivan, and Rousseau are all encompassed in his exposition of characterological types. However, Schaar feels that it is just in this area that Fromm shows his greatest brilliance and boldness and achieves his greatest integrative success in his description of character. Nevertheless Schaar's discussion of Character and Goodness demonstrates that Fromm's concepts of love and character present irreconcilable paradoxes; what is explicitly stated and advocated is implicitly abrogated; for example, in Fromm's assurance of man's capacity for love and morality he implicitly banishes morality. Fromm misunderstands the problems and the very nature of liberty and authority. In his seeking for freedom, his hatred of authority, his wish to eliminate conflict for the common good, and to achieve gratification and the good life, he abolishes ordered society in favor of spontaneity.

Schaar's book is well conceived and well executed. His historical, philosophical, and logical perspectives produce more than an adequate analysis. It must be considered a work of considerable importance. The author himself is an important commentator on the human condition. His evaluation of Fromm's work will not surprise the psychoanalyst who will certainly not take exception to his conclusions, readily recognizing them as compatible with his own. Nevertheless the details of Schaar's reasoning are fresh, informative, and written in a style easy and pleasant to read. His discussion of Fromm's concepts of character and typology and of the self are particularly recommended to the psychoanalytic reader. He says much that is worth while about many things and one wishes that this present volume may be followed by many more.

VICTOR CALEF (SAN FRANCISCO)



PERSONALITY FACTORS ON THE COLLEGE CAMPUS. Edited by Robert L. Sutherland, et al. Austin, Texas: The Hogg Foundation for Mental Health, 1962. 242 pp.

The social scientists, who for years have gone out from the colleges to study various cultures, have now redirected their studies toward the colleges in order to investigate the social processes occurring on the campuses and to attempt to understand the processes of learning and development that take place there. The present symposium offers studies from various universities; they range from theoretical and philosophical to proved and practical, and concern acceptance as well as nonacceptance of the importance of mental health to education. An interesting innovation is to interpose parts of the discussion in the body of the paper. In general, the papers are of high caliber, recommended for college psychiatrists, faculty, and administrators who deal directly with mental health. The practicing analyst may find it of less interest.

Nevitt Sanford of Vassar emphasizes the need to help the student commit himself to the educational process in its broadest sense so as to increase the outlets available for his impulses, such as can be expressed through poetry, art, and literature, and through creativity in the sciences. Young people must be taught how to deal increasingly with life via symbols rather than primarily by direct action or sensations. He also suggests that development of certain processes of learning can be even more important than the specific content of the learning itself; for example, the experience of pursuing some basic truth in an individual project uses resources that can become firmly integrated within the student's personality and remain active long after the factual details may be dimmed or forgotten. In the freshman year a core curriculum should be offered with emphasis on developing a community of knowledge but in later years independent work must be done to insure good balance. Also the freshman must be won over to the basic concept of the intellectual enterprise at hand; his imagination must be captured and he must develop a sense of what it means to become deeply involved in some discipline or subject. The author discusses how literature, language, and science can be used to contribute to development of the individual. The discussion of this paper suggests that it was probably the most thought-provoking in the symposium.

T. R. McConnell, of the University of California, shows the change from freshman to senior years toward greater tolerance in attitude toward civil liberties. He also shows a difference in basic attitude toward civil liberties in different colleges and discusses this in terms of selection of students at the various institutions and the portrayal of differing images of colleges. C. Robert Pace, of Syracuse, finds that faculty, administration, and trustees, much more than the students, cause colleges to have distinctive patterns with predictable effects on students.

Dana Farnsworth considers, with practical recommendations, the influence of college administrators. The president must set the tone of an environment stimulating to the student, with good morale, firm discipline, and high intellectual standards. He offers for the director of admissions seven clear warning signs of emotional instability in prospective students. So much is required of the director in psychological and educational knowledge that the consensus of a small group seems preferable. The dean of students must avoid the position of antagonist or police officer to students, while teaching responsibility to student leaders and upholding the standards of a decent community. The position of specialized counselors, including psychiatrists, is not discussed because of the hope that these special services may be dispensed with when a more nearly ideal educational environment can be established, but this seems Utopian, if not frankly unsound.

Robert F. Peck describes the wide range of mental health found in a college population. To help those who are moderately disturbed, their stereotyped, unimaginative, and overly simplified habits of thinking should be met by involving them emotionally in their work through a personal interest on the part of the teacher. The emotional reactions aroused can thus ultimately be invested in the ideas presented, leading to increased commitment to the ideas and, one hopes, to greater depth of learning. For those with good mental health a rich library and informed, stimulating professors must supply wide variety and depth of ideas. These students should be given a generally loose rein, just enough guidance to keep them on the track of their information seeking, and enough personal support to broaden their horizons and keep a challenge forever in front of them. Peck evaluates the cost and practicability of his suggestions

which, though impossible of immediate fulfilment, are yet not visionary.

In the final chapter Martin Trow, of the University of California, describes four cultural groups usually found on the larger campuses, the 'collegiate', the 'vocational', the 'academic', and the 'nonconformist'. His concern is to develop student intellectual life, particularly of the two latter groups.

TOM C. STAUFFER (SCARSDALE, N. Y.)

THE CRY FOR HELP. Edited by Norman L. Farberow, Ph.D. and Edwin S. Schneidman, Ph.D. New York: The Blakiston Division, McGraw-Hill Book Co., Inc., 1961. 398 pp.

Of this book the first and most important part is a report on research on suicide and its prevention. The second is an account of attempted suicide by a twenty-three-year-old man, its data stripped, as far as possible, of material that might direct the clinical and theoretical bias of the reader; this is followed by discussions of the pathology of suicide and its management by two analysts and followers of Jung, Adler, Sullivan, Horney, and the schools of personal construct and nondirective management. The third part of the book is an extensive bibliography on suicide, from 1897 to 1957, with no reference to Freud, not even to Mourning and Melancholia.

Out of the great mass of statistics gathered by the Suicide Prevention Center in Los Angeles, certain generalizations are interesting and of practical use. This reviewer, however, does not share the authors' enthusiastic belief that a significant contribution has been made to the prevention of suicide, its pathology, or its management. We must assume that their experience in both short- and long-term treatment of a variety of patients is limited. They are limited, too, by the fact that they have not had to assume medical responsibility for whatever patients they have treated. It is noted that 'psychotherapists' call the Suicide Center for advice and are told, among other details, about facilities for hospitalization and procedures such as commitment. It is rare today, especially in our larger cities, to find a physician who is not familiar with this information. This report seems to represent the kind of fact-finding (apart from compilation of numbers) that could be obtained by having a half-dozen

experienced psychiatrists and analysts sit down and tell all they know about suicide. This book carries us no further than what is already known.

In an important chapter on *The Assessment of Self-Destructive Potentiality*, the conclusion drawn is that the more infantile the person, the greater the danger of suicide. This reminds one of the old personality profiles for the psychosomatic patient. The formulations of intrapsychic mechanisms are superficial and seem to be addressed to a wide variety of helping people who cannot be expected to know, by training or by experience, the intimate details of mental functioning.

In another chapter on suicide among schizophrenic patients, several warning criteria are noted. But, again, the criteria established for spotting the potential suicide seem to apply to every schizophrenic. Is there a schizophrenic who does not qualify as suicidal when the three major criteria are taken to be: 1, a driving necessity for relief from tension; 2, a life situation that is too difficult and stressful for the patient to endure without relief; 3, an inability to find a better way out of difficulties? Likewise, the suggestions for both hospital and extrahospital management seem to apply to all schizophrenics, suicidal or not. In other words, good treatment will help the schizophrenic patient. In this chapter the authors suggest that one might consider psychosis a protection against suicide; this reviewer and several of his colleagues in 1950 described schizophrenia as an alternative to suicide or murder.

In describing the 'psychological autopsy' (recently widely publicized in the case of Marilyn Monroe), the example is cited of a collector of guns who regularly played Russian roulette and had a 'foolproof' system. The case is described as one of accidental death, because there was no indication of suicidal affect nor of suicidal ideation. The authors do not ask what kind of person plays Russian roulette.

The book makes clear how large is the divergence of opinion among some of the schools of thought regarding diagnosis and treatment of mental disorder. The contribution to this volume by Hendin, one of the two analysts represented, is a concise analysis of suicide more specific than most of the remainder of the work.

One can only agree that persons considering suicide usually make known their 'cry for help' in a variety of ways and that it is an easy



matter for those near the patient to ignore the cries. The establishment of centers for immediate help for suicidal patients makes good sense. Providing immediate attention will be sufficient in the majority of cases; in others, the determination to destroy oneself physically will override all attempts imposed from without.

The Cry for Help represents much hard and devoted work where hard work is badly needed, but it serves merely to show the extent of the problem while looking only superficially into its sources. The psychoanalyst will learn little more than that suicide is a problem of greater magnitude than perhaps he had suspected.

JAMES MANN (BOSTON)

DISEASES OF THE NERVOUS SYSTEM. Sixth Edition. By Lord Brain.  
London and New York: Oxford University Press, 1962. 879 pp.

A review for psychoanalysts of a textbook of neurology should answer two questions: How good is the book as a reference work for the practicing psychoanalyst? What picture of the human mind, aside from its neurologic substrate, is presented; can the book be recommended as the basic neurological text for the medical student?

Brain begins with an excellent chapter on Disorders of Function in the Light of Anatomy and Physiology. The neurologic syndromes are then presented systematically and lucidly with adequate space and emphasis for the common disorders. For example, the difficult subject of extrapyramidal syndromes is handled most instructively.

In the last chapter, Psychological Aspects of Neurology, the need to present a summary of the psychopathology daily confronting the neurologist proves too much for Lord Brain. Hysteria and occupational neurosis are the only two neuroses officially identified. Allusion is made to 'mental conflict' as a cause of neurosis and to the need to discover this cause but the matter is then dropped. More specific and detailed advice is given about 'firm handling' and symptomatic treatment, particularly hypnosis. In enuresis, 'Hypnotic suggestion will often rapidly bring about a cure in hitherto intractable cases. . . . An attempt should always be made to cure hysterical vomiting in one sitting, a cure once effected usually being permanent.' The four references at the end of the chapter are

grossly inadequate. Psychoanalysis does not appear in the index or in the text. One is also disappointed in not finding a chapter on the history of neurology in a book of this size.

It is precisely in these areas where Brain is deficient that Wechsler<sup>1</sup> is strong, and the latter remains my favorite neurology text for the medical student and general practitioner.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

<sup>1</sup> Wechsler, Israel S.: *A Textbook of Clinical Neurology*. Eighth Edition. Philadelphia: W. B. Saunders Co., 1958.

## ABSTRACTS

**Bulletin of the Philadelphia Association for Psychoanalysis. XIII, 1963.**

**Further Comments on Adoption.** Lili E. Peller. Pp. 1-14.

A young child's archaic fantasies may lead to gross distortion of emotionally charged information. This is discussed as being of central relevance to the issue of what and when to tell a child of his adoption. Out of her clinical experience with agencies, adopted children, and parents, Peller recommends latency, when the child has enlarged his social orbit to include other children and their parents, as the time to discuss adoption. She is against prescribing specific words to convey the information and also opposes forced raising of the adoption issue, irrespective of the child's wishes. She suggests that it may be helpful if, in addition to his parents, the child has the opportunity to discuss the matter with a psychoanalytically trained person such as a judge, social worker, teacher, or minister. Peller underlines the need for more study of the impact of adoption as it affects the child, the mother who gave him birth, and the adoptive parents.

**Snow White: A Study in Psychosexual Development.** Louis S. Kaplan. Pp. 49-65.

Kaplan concludes from his study of Snow White that this fairy tale describes the steps in feminine psychosexual development essential to the attainment of sexual maturity. He develops the principal thesis that the libidinal changes of puberty constitute a recapitulation of the sexual experiences of childhood. Thus it is the love of the man superimposed upon the love from father during the oedipal period which makes genital primacy possible. Several case histories are presented to illustrate variations on this theme.

**Fee Problems in Supervised Analysis.** Virginia Huffer. Pp. 66-83.

Huffer presents a rather extensive discussion of the problem of setting fees in analysis, including a review of the literature, presentation of relevant material from four analytic cases, and a report on responses from candidates and recent graduates of the Baltimore Psychoanalytic Institute to a questionnaire on various aspects of fee problems. The topic of the fee may be highly charged with transference and countertransference conflicts and resistances. The reduced fee and the situation in which the fee is paid by someone other than the analysand are especially subject to a vast range of meanings, and it is necessary for the analysis to include thorough work on this material. A number of recommendations are presented to help the analytic student particularly to set a fee on as realistic a basis as possible.

EDWIN F. ALSTON

**Archives of General Psychiatry. VIII, 1963.**

**Self-Awareness in Schizophrenic Children.** William Goldfarb. Pp. 47-60.

Goldfarb is concerned with the subjective facet of the child's ego, self-awareness, as seen in schizophrenic children. He describes impaired body ego and

confusion over internal physiologic stimuli. Receptor aberrations are discussed and viewed as changes in the integration of sensory experience rather than lowered thresholds of sensory acuity. Distance receptors, the eyes and ears, which favor the abstraction of constancy and universality in the environment, are impaired. Proximal receptors, taste, smell, and touch, which favor reaction to the immediate, the concrete, and the disparate, come to the fore.

**The Mechanism of Shame.** Leon Wallace. Pp. 80-85.

The author explores the psychodynamics of shame and stresses its relationship with and differentiation from guilt. Dominant in shame are oral needs for narcissistic supplies from another person. Being looked at is also important. In guilt the relationship is to an introjected person.

**Women's Fantasies During Sexual Intercourse.** Marc H. Hollender. Pp. 86-90.

Hollender sees withdrawal into fantasy as prompted by fear of the penis, stemming from sadomasochistic fantasies or penis envy. Fantasy during the act, which usually eliminates the penis, allows a shift from the real to an imaginary situation controlled by the woman and like her masturbatory fantasy.

**Pathology of Identity as Related to the Borderline Ego.** Alvin Suslick. Pp. 252-262.

Suslick reviews current ideas concerning identity. He presents clinical data to show the pathology of identity in borderline cases, although he views problems of this kind as universal. He sees personal identity as being established early in life, arising from the circumstances of the individual's relationship to his caretakers and setting a lifetime organizing pattern. Several special types of identity pathology are considered common, such as malignant and reactive.

**Psychodynamics and Management of Paranoid States in Women.** Herbert C. Modlin. Pp. 263-268.

This study was limited to a small group of women, diagnosed as paranoid state, without evidence of schizophrenia, in order to reduce the number of variables. The author feels that evidence from these cases refutes Freud's formulation of paranoia in woman as a projective defense against homosexuality. Instead, Modlin sees the process as initiated by a disruption of sexual relations in a fairly normal marriage adjustment, a reactive depression, and then regression with a projective delusional mechanism. In this the threatened loss of the heterosexual self-image is warded off by projection onto conniving women, e.g.: 'It is not that I am unwomanly, but that she is a seductive husband-snatcher'.

**Which Dream Does the Patient Tell?** Roy M. Whitman; Milton Kramer; Bill Baldrige. Pp. 277-282.

Using EEG and eye movements during sleep as evidence of dreaming, an experimenter awakened subjects to record their dreams. The next day, a psychiatrist elicited the remembered dreams. Those omitted showed certain significant features, confirming the belief that at some level a person understands his dreams. The male subject forgot the dreams with unconscious homosexual



impulses. The female left out, first, those with unconscious sexual impulses toward the psychiatrist and, later, those with unconscious dependency feelings.

**An Investigation of the Sexual Cycle in Women.** Therese Benedek. Pp. 311-322.

In this nostalgic review for the Columbia University Psychoanalytic Clinic, Benedek revisits her research of twenty-five years ago in order to reaffirm the validity of using analysis as a tool for research.

**A Re-View of the 'Paranoid' Concept.** D. A. Schwartz. Pp. 349-361.

The author presents a comprehensive re-evaluation of the concept of paranoia in the light of the broad conceptual spectrum involved. Beginning with the formulations of Melanie Klein, he examines the ideas of Freud and major analysts and psychiatrists who have dealt with this topic. Except for some distortions of analytic views he presents an interesting attempt to delineate the central core which allows for such differences in clinical manifestations as characterological bent, megalomania, benign outside influences, and malevolent persecution. He sees this core as consisting of feelings of unworth and insignificance, the incapacity for self-referral of responsibility, the inability to tolerate ambivalence, and especially the insistence on being overwhelmingly important to others. He does not see as essential the defense against homosexual impulses.

**Psychological Testing of Borderline Psychotic Children.** Mary Engel. Pp. 426-434.

The interesting clinical category of the borderline psychotic child, made prominent especially by Ekstein and his co-workers, is explored from the standpoint of psychological testing. The very clinical features that are so striking point up and present problems to the tester. Prominent among these are the issue of survival, the struggle for reality contact, a feeling of incompetence to meet demands by the environment, and the use of fantastic metaphors and distance devices.

**Clinical Studies of Sequential Dreams.** William Offenkrantz and Allan Rechtschaffen. Pp. 497-508.

A patient who was in therapy slept in a lab and was awakened whenever evidence of EEG and sleep patterns showed that he was dreaming. He was asked to relate his dream with associations, which were obtained also in subsequent therapy hours. In the case of sequential dreams it appeared that the same or a limited number of conflicts were worked upon. The organization of each dream seemed to depend upon the solutions in the previous dreams, that is, toward bolder gratification or greater defensive reactions.

KENNETH RUBIN

**Psychosomatic Medicine.** XXV, 1963.

**Vomiting and the Wish to Have a Child.** L. Chertok; M. L. Mondrain; M. Bonnaud. Pp. 13-18.

In an attempt to confirm experimentally Helene Deutsch's concept that vomit-

ing in pregnancy reflects maternal ambivalence, the authors conducted semi-structured interviews with one hundred primiparas. Maternal feelings, derived solely from manifest material and scored by independent judges, were divided into 'clearly defined attitudes' with predominant desire or rejection and 'ambivalence' where both were expressed. Vomiting, which was moderate in fifty-three cases and severe in fourteen, showed statistical correlation solely with the ambivalent group. The authors admit these limitations of inference because of their reliance on nonanalytic content but feel the results are valid because all interview procedures involve a dialogue between two people.

**Omnipotency, Denial, and Psychosomatic Medicine.** Robert Steinberg. Pp. 31-36.

The acceptance of psychosomatic concepts paradoxically has enabled patients to deny a serious or chronic physical illness by attributing it to emotional factors. The patient thus can alleviate his feelings of helplessness by a regression to primitive beliefs in the personal omnipotence of his thoughts. As his thoughts become less troubled, his body will be given health in a 'return to grace' through psychotherapy. With three excellent illustrations, the author painfully speculates about his countertransference fantasies and warns us that our biases may be enticed by the plethora of psychological data provided by such a patient.

**Psychoanalytical Explorations of Emotional Correlates of Cancer of the Breast.** R. E. Renneker; R. Cutler; J. Hora; Catherine Bacon; G. Bradley; J. Kearney; M. Cutler. Pp. 106-123.

This report, a research project of the Chicago Institute for Psychoanalysis, is as thought provoking as its valuable predecessor. The cases studied include two whose lesion appeared during analysis and three referred to the research psychotherapist after diagnosis. The women uniformly demonstrated maternal frustration of their oral needs and substitute gratification by indulgent fathers. The accompanying guilt led to a later masochistic identification with the feared mother and a consistent choice of an inadequately providing male partner, with 'acting out' of these orally derived heterosexual impulses. In line with Engel's findings, these potentially depressive women showed clinical manifestations of the disease following traumatic abandonment or disappointment by their selected objects. The authors hypothesize that the psychological decompensation in depression is accompanied by a 'decompensation of biological mechanisms'. Since cancer of the breast is hormone-dependent, they quote Board's 1956 paper showing a decrease in thyroid and adrenal hormones during depression as possible evidence of estrogen alterations. They suggest studying the relationships between estrogen levels and psychopathological sexual behavior, or disturbances of maternal drive manifested by the previous infertility of many such patients.

**Thematic Content Associated with Two Gastrointestinal Disorders.** E. G. Poser and S. G. Lee. Pp. 162-173.

Five selected TAT cards were presented to matched groups of ulcer and colitis patients and control subjects. The protocols, devoid of medical clues,

were correctly classified beyond chance by a single author conversant with classical psychosomatic literature. Then the protocols, scored for six 'need' parameters, significantly differentiated the patients from the control subjects but not one disease entity from another. The most potent technique, performed by four independent judges, was an analysis of manifest content and stylistic aspects of communication. This latter technique seems to deserve further utilization in objectifying psychosomatic and perhaps psychoanalytic research.

**Dream Recall as a Function of Method of Awakening.** A. Shapiro; D. R. Goodenough; R. B. Gryler. Pp. 174-180.

This preliminary study suggests that abrupt awakening, used in experimental studies of rapid eye movement, may account for the higher yield of recallable material. The same subjects, awakened gradually during an REM period, often produced feelings of having had a thought or no dream. There is also a suggestion that recall may be more effective during the longer, later REM periods of uninterrupted sleep due to a decrease in sleep depth and a shift in the level of ego regression.

**The Psychogenic Etiology of Premature Births.** A. Blau; B. Slaff; K. Easton; Joan Welkowitz; J. Springarn; J. Cohen. Pp. 201-211.

In studying this leading cause of neonatal mortality, the authors hypothesized that the psychological attitude of the mother is a prime factor in the absence of organic pathology. A personal interview and a battery of psychological tests were administered to a group of thirty mothers who delivered prematurely and to an equal number of matched controls. The data were then scored for sixty-seven items under four headings: maternal attitudes, femininity, mental stability, and familial-social relationships. Subsequently, when an independent rater rescored the protocols devoid of all cues relating to prematurity, statistical agreement was found.

Although no specific psychiatric syndrome was elicited and the attitudes of the matched groups overlapped considerably, striking individual differences in scores were sufficient to differentiate the controls and subjects. 'In general the premature mother tends to be young, immature, narcissistically concerned with her body image, and insecure in her feminine identification and development.' In contrast to Chertok's study of vomiting in pregnancy where ambivalence predominated, the mothers who delivered prematurely were more overtly negative and hostile toward the fetus and had many destructive fantasies about delivery.

From the pilot study the authors have designed a multiple-choice questionnaire about the Maternal Attitude to Pregnancy which may help predict the premature terminators and alert the obstetrician to their need for greater support during their pregnancies.

**An Investigation of Criteria for Brief Psychotherapy of Neurodermatitis.** B. Schoenberg and A. C. Carr. Pp. 253-263.

Twenty-six patients with neurodermatitis were treated in brief psychotherapy (twelve sessions) which specifically encouraged the expression of hostility toward a contemporary figure, a technique first introduced by Seitz. In an attempt to

help select suitable patients for future treatment, a screening interview was conducted by a psychiatrist who was not to be the therapist, and a battery of psychological tests was administered. The interview and test data concentrated on the intensity of the hostility and its overt or covert quality. The sixteen improved patients showed a significantly greater awareness of their anger and had the highest scores on the 'hostile contents' of their Rorschachs. Contrary to expectation there was no contraindication to treatment in the presence of psychosis; nor did the removal of the symptom precipitate substitute symptomformation or 'acting out'. The prime prognostic factor seemed to be the accessibility aggressive ideation which was elicited most easily from the intake interview itself.

**Duodenal Ulcer in One of Identical Twins: A Follow-up Study.** M. L. Pilot; J. Rubin; R. Schafer; H. M. Spiro. Pp. 285-290.

By controlling the constitutional factor of gastric hypersecretion in the development of an ulcer, this identical twin study has shown how divergencies in development and environmental stress can contribute to the illness. Alexander's concept that ulcer develops in an individual in 'conflict over passive dependent needs, when the nurturance of these is compromised', continues to receive support in this follow-up study. Originally the more rigid, less adaptable twin had an ulcer. The more successful, flexible, and easygoing twin, who could accept gratification of his dependency needs from an adequate wife, developed an ulcer only when the wife lost her job and feared what appeared to be a late pregnancy. The lesion cleared rapidly with job improvements and assurance that the amenorrhea was menopausal. The subsequent maternal death was handled by this twin with appropriate grief reaction, whereas the rigid twin, in spite of growth during psychotherapy, had a recurrence of ulcer during his overtly depressive reaction.

**Body Image Boundaries and Histamine Flare Reaction.** Wilfred A. Cassell and Seymour Fisher. Pp. 344-351.

In prior studies Fisher and Cleveland developed an experimental test by noting that the boundary of the body image was projected into a subject's description of the periphery of an ink blot. They found that subjects whose Rorschach responses emphasized the protective, decorative, or limiting function of the blot margin had a high 'barrier' score and used skin and muscle as organs of physiological discharge (neurodermatitic and arthritic patients). In contrast were those with a high 'penetrability' score, a less well-defined body image boundary, whose physiological discharge was visceral (ulcer and ulcerative colitis patients). Earlier studies showed a minimal histamine response in chronic schizophrenics with their impaired sense of body image.

With this in mind the present authors, using fifty-five male and forty-five female college students as 'normals', predicted that the higher the 'barrier' score the greater the intradermal reaction to histamine. This was confirmed statistically in the female group but not in the male subjects. Cassell and Fisher suggest that the present dilution of the drug may not affect male subjects or that its difference may be due to communicative factors. They then add '... it



is conceivable but unlikely that the sex of the examiner could account for the gross difference in the results obtained'. Perhaps their choice of the phrase 'barrier' score should have made them aware of the unconscious significance of the laboratory procedure and its erotic potentialities, one of the pitfalls of evaluating 'pure' physiological responsiveness.

**Relations Between Maternal Anxiety and Obstetric Complications.** R. L. McDonald; M. D. Gynther; A. C. Christakos. Pp. 357-364.

This third paper dealing with psychosomatic aspects of pregnancy is a complement to the Chertok and Blau studies (*vide supra*). In this study, Kent EGY scales and IPAT anxiety scales were administered to eighty-six white gravid patients at the beginning of the third trimester, and previously collected MMPI protocols were scored for repressive defenses. Subsequently each case was scored independently for the absence or presence of obstetric complications. Those with complications had significantly higher composite anxiety scores than the normal group, had 'less ego strength', and used more obsessive defenses. The normal group employed repression and denial predominantly.

EUGENE L. GOLDBERG

**American Journal of Orthopsychiatry.** XXXIII, 1963.

**Disturbed Communication in Eating Disorders.** Hilde Bruch. Pp. 99-104.

Bruch offers a new theoretical formulation, based on the genetic interrelation of drive and interpersonal factors, which links severe eating disturbances with schizophrenia. The patients studied demonstrated a delusional self-concept with inability to recognize the internal signals of hunger and satiety. The symptoms in such cases involve the falsification of a bodily need which serves as a solution to an interpersonal conflict within the disturbed family group. Case histories are used to demonstrate that this condition has its genesis in an incorrect, pathological learning experience in which the mother or her substitute feeds the child according to her own needs and wishes, thereby preventing differentiation. Unless the underlying cognitive defect is corrected, treatment will be ineffective.

**Some Psychoanalytic Aspects of Group Therapy.** Three papers presented at the Leo Berman Memorial Meeting of the Boston Psychoanalytic Society and Institute, October 1959.

**I. The Psychoanalytic Contributions of Leo Berman.** Joseph J. Michaels. Pp. 132-135.

This opening paper emphasizes Berman's investigations in psychoanalytic group psychology, their application to the disciplines of education, psychiatry, social work, nursing, mental health, and preventive medicine, and finally his theoretical considerations on the role of reality.

**II. Psychoanalysis and Group Therapy: A Developmental Point of View.** Fritz Redl. Pp. 135-147.

Redl offers first a vivid description of the historical changes in the attitude of

psychoanalysis toward group therapy. He then discusses phenomena of group therapy not explained by our present metapsychology and the model of personality derived from individual therapy.

**III. Some Comparative Observations of Psychoanalytically Oriented Group and Individual Psychotherapy.** Sidney Levin. Pp. 148-160.

Group therapy is an invaluable technique in its own right and is not to be regarded as a substitutive, superficial, or diluted form of treatment. Its differences from individual therapy are considered under several headings: transference and instinctual gratification; self-exposure; interaction and character analysis; perception of reality by the patient; perception of reality by the therapist; and the therapeutic effect of the patient's interpretations.

**A Special Therapeutic Technique for Prelateny Children With a History of Deficiency in Maternal Care.** Augusta Alpert. Pp. 161-182.

A lucid and detailed account of successful work with a severely disturbed four-year-old girl is used to illustrate clinical and theoretical aspects of the treatment method called COR (Corrective Object Relations). It is a psychoanalytically oriented approach to prelatency children with ego disturbances arising from severe oral deprivation due to the mother's pathology, absence, or death. These children were inaccessible to conventional psychotherapy or analysis since they could not establish an object relationship without direct gratification and could not communicate adequately. They are to be differentiated from children with severe ego defects based on organic damage, schizophrenia, or autism.

As the name implies, the technique seeks to provide a corrective experience based on systematic restitution by a constant object (therapist) symbolizing the good mother. An exclusive need-satisfying relationship is set up, regression to the traumatic phase promoted, and then direct gratification of regressive needs provided along with verbal accompaniment designed to facilitate mastery and reality testing. Progressive tendencies are supported as they appear. The regression is confined to the therapeutic situation and is self-limiting. The entire course of treatment is designed to last from seven to nine months, with sessions of one hour a day, four or five days a week. The parents are treated on a less intensive basis.

It is hypothesized that the need-satisfying relationship produces a regression to the oral introjective phase resembling the identification with the primary object and that the libidinal relationship with the restitutive person promotes therapeutic change by facilitating drive fusion, neutralization, greater ego integration, and more favorable ego drive balance.

One of the goals of COR is to prepare the child for more exploratory and analytic types of psychotherapy.

**Psychological Effects on the Child Raised by an Older Sibling.** Milton Rosenbaum. Pp. 515-520.

The author offers the intriguing hypothesis that the experience of being raised by an older sibling may contain a specific and uniquely harmful element

stemming directly from the unmitigated violence of the older sibling's feelings and attitudes. Such violence is extreme because the biological and psychological immaturity of the older sibling does not permit maternal drives to temper aggressive impulses. The parental loss in such cases may tend to overshadow and obscure the importance of the dynamic constellation described. A case of a suicidal five-year-old boy, who was for the most part in the care of his eight-year-old brother, is discussed in relation to the above hypothesis.

**Development of Autonomy and Parent-Child Interaction in Late Adolescence.** Elizabeth B. Murphey; Earle Silber; George V. Coelho; David A. Hamburg; Irwin Greenberg. Pp. 643-652.

One of the developmental tasks of late adolescence involves the integration of a desire for independence from the parents with the wish to continue a positive relationship with them. Proceeding on the basis that the transition from high school to college away from home is a crisis situation in which this problem challenges the adolescent, the authors followed twenty competent high school seniors through their first year of college. The students were rated according to 'autonomous-relatedness', that is, the capacity for integration of independent behavior and maintenance of family ties. The ratings appeared related to particular modes of parental interaction with the adolescent.

PHILIP SPIELMAN

**Journal of Abnormal and Social Psychology.** LXVI, 1963.

**The Accuracy of Parental Recall of Aspects of Child Development and of Child Rearing Practices.** Lillian C. Robbins. Pp. 261-270.

Forty-four mothers and thirty-nine fathers were given a questionnaire concerning important development aspects of their children. Included were questions about feeding, weaning, sucking behavior, toilet training, sleeping, motor development, and medical history. Responses to the questionnaires were compared with earlier material given by the parents in connection with a longitudinal study that had been in progress since the birth of these children. The parents were quite inaccurate in their memory of details about child rearing practices and early developmental progress. The largest number of errors dealt with the age of weaning and toilet training, the occurrence of thumb sucking, and demand feeding. The parents also tended to be inexact concerning recommendations of experts in child rearing. The mothers, however, proved to be more correct in remembering than the fathers.

**A Ubiquitous Sex Difference in Dreams.** Calvin Hall and Bill Domhoff. Pp. 278-280.

Dreams collected from approximately fourteen hundred men and fourteen hundred women indicate that, in terms of manifest content, men dream more about other men than they do about women, whereas women dream about men and women in approximately equal proportions. The reported sex differences were characteristic of the sample throughout the age range (two to eighty years).

The dreams of neurotic and normal males contained approximately the same percentage of male characters. Collaborative evidence of this finding from anthropological studies is cited, as well as a survey of the subjects of creative writing by male and female authors. The finding is explained in terms of 1, a conflict theory of dreaming and 2, the content and fate of the male and female oedipus complex.

**The Role of Dread in Suicide Behavior.** Donald E. Spiegel and Charles Neuringer. Pp. 507-511.

In a comparison of thirty-three pairs of genuine and faked suicide notes, the authors find that the genuine notes showed a marked avoidance of the word suicide, of the proposed suicidal method, or of any anxiety connected with the act. They discuss 'the inhibition of dread at the prospect of suicide' as being one condition necessary to suicide, and call into question such anxiety-allaying practices as reassurance and support or the administration of tranquilizing drugs to potentially suicidal patients.

**Experimental Desensitization of a Phobia.** P. J. Lang and A. D. Lazovik. Pp. 519-525.

The authors report the successful treatment of twenty-four snake-phobic subjects, utilizing a desensitization technique, in which the subjects, under hypnosis, were conditioned to respond to the phobic object in ways that inhibited or were incompatible with anxiety (i.e., muscular relaxation, approach rather than avoidance). From results at the termination of the experiment and six-month follow-up studies, the authors conclude that: 1, it is not necessary to explore with the subject the factors contributing to the learning of a phobia or its unconscious meaning in order to eliminate the fear behavior; 2, the form of treatment employed did not lead to symptom substitution or create new disturbances of behavior; and 3, in reducing phobic behavior it is not necessary to change basic attitudes and values or attempt to modify the personality as a whole. The unlearning of phobic behavior appears to be analogous to the elimination of other responses from a subject's behavior repertoire.

IRWIN C. ROSEN

**The British Journal of Medical Psychology.** XXXVI, 1963.

**Object Relations Theory and the Conceptual Model of Psychoanalysis.** J. D. Sutherland. Pp. 109-125.

Sutherland offers a model of psychoanalytic theory representing a prominent English school of psychoanalysis and then attempts to clarify the relationship between this object relations theory and ego psychology. He feels that some of the apparent differences actually are complementary rather than incompatible. He does believe, however, that the classical conceptual model of psychoanalysis and ego psychology, especially as developed by Rapaport, is not sufficiently flexible and comprehensive to help us understand behavior in terms of here-and-now manifestations and how these are the product of historical layerings. The object relations theory overcomes this defect by sticking closer to clinical



practice in contrast to the classical conceptual model of analysis in ego psychology which is too 'scientific' and 'cleansed of anthropomorphic concepts' to serve as a useful means of understanding behavior. Sutherland seems to see Erikson's work on the maturational basis of development as a step toward bringing together the theories of object relations and ego psychology.

**Observations on Early Ego Development.** R. E. D. Markillie. Pp. 131-139.

The author gives his observations on early ego development using Fairbairn's outline of human psychological development and structure as the basis for an inquiry into the nature of the events or structures he is describing.

Markillie believes that Fairbairn's isolation from the mainstream of British psychoanalysis has enabled him to think more originally than he might otherwise have done; however, this isolation has also had its negative results. This is evident in his technique and in his tendency to make too great a distinction between personal and biological and between therapeutic and scientific. The author attempts to redefine the term 'personal' and to explore the confusion between the psychological and biological at the beginning of human life. He believes that a study of this earliest period of ego development will bring about an integration of views between those who are convinced of the primacy of inheritance and those who favor the importance of the environment and nurture; and between those who advocate learning theories and the importance of conditioning and those who prefer the unlearned components of behavior.

He expounds his concepts further by taking two of Fairbairn's postulates as the point of departure for his discussion: 1, 'The pristine personality of the child consists of a unitary dynamic ego'; and 2, 'The first defense adopted by the original ego to deal with an unsatisfying personal relationship is mental internalization or introjection of the unsatisfying object'. In criticism of the second postulate, he points out the generally accepted point of view that introjection of the good object is an important part of normal ego development but is not sufficiently recognized by Fairbairn. Further discussion, criticism, and modification of Fairbairn's concepts complete the paper.

**Fairbairn's Contribution on Object Relationship, Splitting, and Ego Structure.** J. O. Wisdom. Pp. 145-159.

The author provides a very lucid description of Fairbairn's principal work as follows: 1, theory of universality of object-relationships; 2, theory of the schizoid position; and 3, theory of dynamic structure: the mind as three egos. Wisdom then discusses the over-all theory, arriving at the following conclusions: Fairbairn's most important contributions relate to the dominant role of schizoid mechanisms, the primacy of object relationships, and the ingredients of the ego. In the opinion of the author, all seem likely to become permanent parts of psychoanalytic theory. He is less impressed with Fairbairn's rejection of primacy of aggression, his view of the nature of first objects in infantile experience, and the absolute independence of impersonal roots that he attributes to the ego. He feels that even without these concepts one could concede the primacy of object relationships.

**Revista de Psicoanalisis. XX, 1963.**

**Symptom Formation, Regression, and Conflict.** Jacob A. Arlow. Pp. 1-19.

**Character and Symptom Formation.** Jeanne Lampl-de Groot. Pp. 20-37.

These didactic articles, which appeared simultaneously in Spanish and French, give summary presentations of new structural concepts in relation to the selection of symptoms and the dynamic determination of character formation with a good correlation to the ideas of regression, fixation, and conflicting psychic representations.

**Round-Table Discussion About Technique.** Marie Langer; Janic Puget; Eduardo Teper. Pp. 38-62.

This discussion is based primarily on a questionnaire about technique sent by the authors to students, graduates, and practicing analysts. Results showed that an 'Argentine group' of psychoanalysts has been evolving with the usual 'group' characteristics and having subgroups within it. The authors stress that an interaction is constantly present between the analyst and the group to which he belongs. To have a properly functioning analytic group, each analyst must maintain his individuality. Although the questionnaire was answered by only twenty percent of those circulated, the data gathered correlate with the results obtained in 1939 by Glover in England. In any case, it is felt that this experimental approach has validity in bringing together different opinions held by various analysts.

GABRIEL DE LA VEGA

## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 15, 1963 THE REPETITION COMPULSION AND MATURATIONAL DRIVE REPRESENTATIVES. Theodore Lipin, M.D.

The author reviewed Freud's concept of the repetition compulsion, which should be restricted to the reliving and re-enactment of distressing, unrecallable past experiences without awareness of the connection between past and present. Patients continually relive the derivatives of these experiences in various editions while foregoing gratifications, in order finally to re-create the original one. These activities are 'manifestations of a process aimed toward reorganizing structured functioning in such a way that amnesias resolve' and occur in one of three ways.

The first pattern involves unconscious utilization of currently available internal and external stimuli for unconscious construction of experiential replicas. The second pattern involves unconscious transformation of external reality so that previously absent, required stimuli become available externally. The third pattern involves unconscious transformation of internal milieu so that previously absent, required stimuli, too dangerous or too bizarre for external materialization, become available internally.

Freud's contention that the unconscious activity behind these phenomena is a kind of instinctual drive representative is supported and amplified by the data presented. The theory of instinctual drives was then reviewed with the aim of understanding its relationship to the repetition compulsion, specifically the relationship of the hierarchically ordered drive representations to regulating processes which may exist only in 'higher' layers of psychic organization. The unconscious psychological activity behind manifestations of the repetition compulsion lacks structuring in the usual psychoanalytic sense but may become structured during the course of analytic therapy. In contrast to the usual psychological derivatives of instinctual drive representatives, these representatives are less psychologically regulated and resort less to the pleasure principle. It is suggested that the latter be called 'maturational drive representatives' in view of the fact that they are analogous to processes which 'produce progressive maturational unfolding of structured functioning according to an innate genetic blueprint and timetable'. In their usual form drive processes maintain the integrity of phase specific structured functioning and might be called 'structural' drive representatives.

The further characteristics of maturational drive representatives are biological discharge patterns, triggering of percepts and representations which differ according to phases, and the ensuing impulses and capacities which in turn are perceived, integrated, elaborated, and represented. A new organization develops and is in turn molded by experience in the social and environmental matrix and by the processes within the organism. Deficiencies in experience or in environmental stimulation, traumatic experiences, or internal conflict may adversely influence development. Amongst these are experiences which later give rise to repetition compulsion activity, because they are registered differ-

ently, and are more disruptive of the ongoing psychic organization and the usual further development and maturation of psychic structure. Premature, regressive, or unusual developments may occur under such circumstances to cope with the stress. Traumatic experiences may also prevent discharge of maturational drive patterns. The resultant defensive-adaptive stress structure is based on a profound reorganization of psychic structure with the result that instinctual drive representatives subserving tension regulation discharge may occlude, distort, or interfere with instinctual drive representatives subserving maturation. An id conflict is set up between the two types of instinctual drive representatives and may lead to repetition compulsion activity. When this activity is powerful all mental functioning may be the result of this conflict. During treatment the re-experiencing of the traumatic incident liberates and actualizes capacities and impulses previously latent, activates defenses against the original experience, and brings it into perceptual awareness.

DISCUSSION: Dr. Phyllis Greenacre reviewed the psychoanalytic concept of trauma. She stated that one must specify whether traumatic events or experiences have occurred, when they occurred during development, and how sustained they were. Furthermore, in psychoanalysis the relationship of the biological to the psychological is ambiguous, and a dichotomy rather than a parallelism is assumed. Certain aspects of the earliest phases of development, the early ego and libido, are considered biological. Yet the requirements of psychoanalytic therapy set limits to our understanding the biological organism in view of the fact that therapy is carried on only via psychological means. Thus all of psychoanalytic theory is perforce weighted on the psychological side.

In her experience, severe early trauma so threatens the organism as to cause a total, organismic, survival response. The obligation to repeat is organismic and intermingled with instinctual satisfaction; reliving is an attempt at achieving better internal harmony. Early, severe, sustained trauma with its profound organismic reaction causes a disorganization of the developmental phase with regression, not progression as Dr. Lipin suggested. The trauma is denied in an archaic way. If too severe, death follows; if the trauma is survived and successfully overcome, a normal phase hierarchy ensues. Later, massive repetitions of the trauma are, however, masochistic phenomena. Patients in whom these early disturbances caused by the trauma are biologically rooted are not good cases for treatment because preverbal stages are not analyzable. The therapeutic alliance is hard to establish and then becomes intertwined with the transference and leads to 'acting out', while massive denials impede treatment.

Dr. Heinz Hartmann addressed himself to the relationship of observation to concept in the paper, and to the use of some of the terminology. The repetition compulsion is a construct, not a clinical entity; other repetitive phenomena are 'beyond the pleasure principle' such as the phenomenon of perseveration in brain damaged persons, or the reproduction of memories, including unpleasant ones, by outside factors. The phenomena described in the paper might be conceived of in simpler terms, such as placing the repetition compulsion in the service of ego functioning and thus restructuring it.

Dr. Edith Jacobson suggested that the active mastery of a traumatic experi-



ence is not necessarily 'beyond the pleasure principle'. She felt that the author had extended the use of the word 'structure' and that the relationship of the pleasure to the constancy principle should be clarified.

HERBERT WEINER

October 29, 1963. A PSYCHOANALYTIC STUDY OF PAIN OF MENTAL ORIGIN IN RELATION TO SELF AND OBJECT; ITS DIFFERENTIATION FROM ANXIETY. Leo A. Spiegel, M.D.

In this contribution to the metapsychological differentiation between pain and anxiety, the term 'pain' is employed to designate a specific affect, not unpleasure in general. The expressions, 'pain of mental origin' or 'pain of physical origin', emphasize that no stand is taken as to whether there is a difference between the two experiences.

Freud considered the subject of pain as early as 1895, in the Project, as well as in later papers. The paucity of references to pain in psychoanalytic literature may be partly a result of complications in approaching the subject, but is probably more the consequence of the relative rarity of explicit references to pain by analysts. Dr. Spiegel develops the thesis, however, that pain appears in analytic productions of highly narcissistic patients, taking the concealed form of affects such as shame, humiliation, and feelings of inferiority.

The theory of narcissism helps little to clarify this area of narcissistic lesions. Work with patients in whom narcissistic lesions are prominent prompted Dr. Spiegel to propose a guideline for such clinical phenomena, with their correlated affects; they all refer, in one way or another, to actual or potential pain of mental origin.

Reference is made to Freud's notation that observations of infants contending with absence of the object reveal pain as well as anxiety. The source of this pain of mental origin is seen as external, whereas the source of anxiety may be altogether internal—the pressure of instincts. Freud did not make clear why absence of the object may in one instance produce pain, in another, anxiety, in still another, both.

In contrast to Fenichel and others, who considered 'narcissistic needs' to be noninstinctual, Dr. Spiegel advances the thesis that narcissistic affects are also drive derivatives. 'Longing', an important affect in the development of this contribution, is the state of distress that an infant experiences when the permanent, constant object is absent. It may be considered parallel to the state of 'need' experienced when the transient, need-satisfying object is absent.

Freud gave a biphasic formulation of pain of physical origin in *Beyond the Pleasure Principle*. The first aspect is the penetration of the stimulus barrier. The second is the ego's reaction to this penetration by mustering counter-cathetic energies to the breach area. Unless the second phase develops, an ordinarily pain-eliciting stimulus could be applied without a subjective experience of pain.

With reference to pain of mental origin, we find no direct analogue to the important physical idea of externality, which Dr. Spiegel suggests we assume to be replicated by the polarity of self- and object representations. That is to say,

the object representation can turn its energies upon the self representation and becomes thereby a peripheral stimulus. There must be something analogous to the stimulus barrier to protect the self representation from those energies emanating from the object representation, while still leaving the self representation vulnerable to onslaughts from the id.

Object loss must lead to pain: if the transient, need-satisfying object is absent, the self-representation is hypercathected. If the permanent, real, external object is absent, the object representation must become hypercathected, and the energies within the latter threaten the self-representation with disorganization. The ego hastens to bind these energies, so pain is experienced. It is only the loss of the constant object that leads to pain. The state of 'longing' may exist even though needs have been satisfied.

Dr. Spiegel demonstrated the applicability of this biphasic formulation of pain of mental origin to understanding mourning and melancholia. The processes of introjection in the two conditions are contrasted, as also the courses of efforts to decathect the object representation.

In usual psychoanalytic practice, frank pain is less frequently encountered than affects believed by Dr. Spiegel to be related, namely, humiliation, shame, and feelings of inferiority. Unlike pain, humiliation is not automatically produced by object loss. It is linked to frustration in the external world, but the frustration has been filtered through a hypothetical 'center' in the psychic apparatus where the cathexes of past experiences of frustration and gratification have been pooled and the tolerance to frustration eventually set at a certain individual level. Unless the level is exceeded, the ego does not feel the painful affect; if exceeded, the affect may not be pain, but humiliation. Shame, the author suggests, is humiliation experienced when someone else looks on. Dr. Spiegel proposes that this center for development of tolerance to frustration be regarded as a primordial ego ideal.

DISCUSSION: Dr. Heinz Hartmann noted the difficult analytic problem posed by pain of psychic origin and referred to Freud's comments on the differing cathectic conditions determining the experience of pain or anxiety as hard to comprehend. Dr. Hartmann considered that Dr. Spiegel had made remarkable inroads into this difficult area but expressed some reservation about the author's references to a 'base cathectic level' within the self-representation. He also raised the question of what it could mean to postulate that the energies of the object representation turn upon the self-representation. He wondered what ego functions and defenses might correspond, in the psychic context, to the physiologic notion of the stimulus barrier. He concurred in the usefulness of postulating a special center in the psychic apparatus in connection with the development of frustration tolerance but was not convinced that it should be regarded as a primordial ego ideal.

Dr. Victor Rosen questioned the postulates forming the basis of Dr. Spiegel's paper, especially the contention that pain is an affect and not merely a sensation that becomes attached to an affect. To speak of physical pain and of mortification of pride in the same lexical terms is insufficient evidence for an identity. Dr. Rosen did, however, agree that psychic experience of physical pain has

certain features overlapping certain attributes of some affects more than other sensory modalities. Conversions of sensation into affect were cited, with the comment that we cannot assert that the affect involved is an intrinsic feature of sensation, or vice versa. Dr. Rosen suggested another formulation of the experience of pain as a result of object loss without excluding it from its position as a primary sensory modality.

Dr. Rudolph Loewenstein noted the general interest and stimulating qualities of this contribution but felt that the theoretical formulation of the distinction between mourning and melancholia required clarification. The differentiations between anxiety and humiliation and longing seemed convincing and important. Dr. Loewenstein ventured the questions: what are we describing when we designate anxiety as a painful emotion, and is this the same kind of pain as the pain of longing?

In his concluding responses Dr. Spiegel addressed himself particularly to Dr. Rosen's critique, emphasizing that he had not postulated an identity of pain of physical and mental origin, only an analogy. The usefulness of this analogy will have to be determined by its theoretic and practical applicability.

STEPHEN K. FIRESTEIN

November 26, 1963. UNCONSCIOUS FANTASY AND DISTURBANCES OF CONSCIOUS EXPERIENCE. Jacob A. Arlow, M.D.

In the Abraham A. Brill Memorial Lecture, Dr. Arlow examines the disturbance in conscious experience resulting from the presence of an unconscious fantasy. Such fantasies reveal themselves in parapraxes, symptoms, dreams, action, and character formation. For example, the fantasy of being beaten is often at the root of a masochistic character disorder. In spite of the fact that the concept is well documented clinically and an essential part of our theoretical understanding, many questions remain when we try to understand the problem in terms of the structural theory.

It is still uncertain what the nature, form, and function of unconscious fantasies are. Are they simply vehicles for the instinctual energies of the id or do ego and superego play a role in their formation? Paradoxically, the states of consciousness and unconsciousness appear to be of secondary importance, and preoccupation with this aspect of the problem may have burdened rather than helped our understanding. More relevant is the nature of the data of perception, the level of cathectic potential, and the state of the ego's functioning, including reality testing, defense, adaptation, and integration. Since fantasy activity is a constant ongoing process, Dr. Arlow prefers the term 'unconscious fantasy function' to the more static term 'unconscious fantasies'.

It is well known that the analysis of metaphorical expression very often leads associatively to repressed fantasy material. The central concept in Dr. Arlow's presentation is that in a similar manner the analysis of alterations in experiencing the external world and of the self may lead to repressed fantasy material. This becomes understandable when we realize that unconscious fantasy activity provides the 'mental set' in which sensory stimuli are perceived and integrated.

Both situations of perceptual ambiguity and a high cathectic potential of fantasy activity facilitate the emergence of unconscious fantasies. The situation is similar to the relationship of day residue to the manifest content of the dream.

Dr. Arlow presents a clinical vignette of a patient whose unconscious fantasy was a wish to castrate the analyst. He became angry and resentful over the requirement to pay for an hour he had missed. Two days later, in a moment of confusion, he became convinced he had not paid his bill. The fantasy of recouping his money dominated for a moment his capacity for recall; he could not distinguish between his wish and reality. An example of *déjà vu* is presented which is understandable as the consequence of the threatened emergence of violent unconscious claustal fantasy combined with the reassurance, 'You have been through all of this before and everything came out all right'.

Unconscious fantasy may be verbal and visual and contribute to defense, as illustrated by the fantasy of the phallic woman, an example of denial in unconscious fantasy which plays an important role in the psychodynamics of many perversions. A defensive use of the mechanism of identification with the aggressor may be incorporated into an unconscious fantasy involving self-representation and lead to the symptom of depersonalization. Neurotic illness may occur when an individual finds himself in, or actively provokes, an experience which contains elements unconsciously interpreted as a repetition of an unmastered childhood trauma around which an unconscious fantasy was formed.

Unconscious fantasy activity is intimately related to variations in self-representation. The individual's identity is made up of the fusion of many self-representations, each having a variety of unconscious fantasies. Under the impact of conflict the organized identity may disintegrate into its component parts. Then one or another self-representation emerges, mediated by an unconscious fantasy in which the self-representation is expressed in concrete terms. The psychoanalytic situation is designed to aid in the emergence of unconscious fantasies. The transference situation represents the involvement of the analyst as a figure in the patient's preformed, latent unconscious fantasies. A phenomenological description of any activity is incomplete and may be misleading unless one knows the unconscious fantasy being entertained. Contributions to the dynamics and structure of unconscious fantasies are drawn from all sectors of the psychic apparatus—id, ego, and superego. Applying the concept of psychic determinism to the ever-present unconscious day dreaming that accompanies conscious experience allows an understanding of their mutual interaction.

WALTER A. STEWART

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#### MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

April 15, 1963. EGO IDEAL, EXCITEMENT, AND THE THREAT OF ANNIHILATION.  
M. Masud R. Khan.

Mr. Khan discusses a schizoid male patient in whom the special pathogenic creation of a highly organized secretive ego ideal was the defensive result of early disturbances in his infancy-childhood relations to his mother. A teacher



in his thirties, he sought treatment because of obsessive brooding over religion. In treatment it was discovered that he operated as four distinct characters, tenuously held together and labeled Mr. A, Mr. B, Mr. C, and Mr. D. Mr. A was the professional-meek, conscientious, exploited for unpleasant tasks, and devoted to his students though he did not think of them as individuals. Mr. B was prone to religious brooding. His God was cruel and demanded endless renunciations which were carried out with exhibitionistic thoroughness. Mr. C lived in a world of exhibitionistic fantasies and private perverse masturbatory practices, a gay, childishly frolicsome person whose existence was denied by retreating into a depressive religious obsession. Mr. D, who was partly unconscious, was recognized only after five years of treatment. He was a perfect person, blissfully merged with nature, capable of all feats (e.g., playing golf flawlessly with no previous experience). Mr. D also was disrupted by a religious obsession. This symptom screened the threat of disaster and annihilation which he always expected when he was in an ideal situation. He was a phobic, withdrawn, passive child who exploited his intellectual abilities to hide anxieties.

The father had a melancholic breakdown when the patient was seven, but little other information about him is given in this paper. A recurrent childhood experience involved being happily engaged in some activity (sitting next to mother drawing pictures), becoming panicky (feeling 'dread'), and displacing the panic onto a detail (breaking a pencil) with which mother would deal. Mr. Khan feels that such episodes contain an uncommunicable dread of annihilation, made tangible by the later developing religious anxieties.

The author notes some peculiarities in this patient's ego functions: phobic attitudes inhibiting any real involvement with others, mistrust of others, and incapacity to surrender—to a task or to spontaneous fantasies. All experiences were arranged and manipulated, yet there was an underlying uncontrollable excitement with which his ego could deal only reactively, with resultant feelings of depersonalization, a painful lack of pleasure in any instinctual discharge, hypochondriacal and psychosomatic symptoms, and 'the last line of defense . . . his coercive and vigilant superego'.

Mr. Khan discusses the origins and nature of this excitement, relating normal infantile excited states and their distorted handling in the interaction between mother and infant to the specific ego defect which resulted in this patient's type of ego ideal, designated as Mr. D. Mr. Khan postulates that the mother dealt quickly with all instinctual 'crises' but was emotionally absent between such crises. Also, the author feels that the mother's readiness to help, prevented separation into an alert executive self; by age five, the patient showed muscular passivity, unusual solitary manipulative activities, and was whiny and shy.

The author states that the ego ideal emerges in relation to and through ego functions, though earlier than the superego. It incorporates into itself both the earliest representations of the pleasure ego and the object, which in this stage are more or less fused. Thus it is the carrier of 'illusion' (Winnicott) and of primary identifications. The ego ideal arises from the earliest psychophysical transactions between mother and infant (Spitz), from stages where the actual ministrations of the mother are soon needed to master frustrations and sustain an experience. Citing Loewald's distinction, the author feels that his patient foresaw 'a future

for the ego and not as yet a future of the ego'. As Mr. D, he was an ideal being (he had split off the primitive pleasure self and the maternal object) and was totally passive about real aims in his adult life. He was also afraid that, if he expressed the inner reality of Mr. D for more than a flash, 'he would go mad'. The author traces the meaning of this dread of annihilation experienced only by Mr. D. He feels that his patient vividly illustrates Winnicott's 'fear of a lack of anxiety at regression to an unintegrated state'. The author further concludes that Mr. A, Mr. B, and Mr. C 'were experts at concocting anxiety situations and anxiety ridden concerns in social, moral, and sexual contexts'. In the protecting ego ideal which removed him from the threat of annihilation was imbedded the same threat of madness or disintegration. The infant's rage and distress at the mother's lapse of attention during quietly active periods (e.g., in bath, playing, etc.) constituted the core of his dreadful expectancy of annihilation which threatened to break into the good experiences of the dissociated ideal self and ideal mother.

The denial of dependency needs and the corresponding avoidance of the dread of abandonment were a fixed attitude of his ego, aided by substituting the masochistic negotiations with God for human relationships, and by the magical alliance between the ego and the ego ideal which was dissociated from reality ego (Mr. A), superego (Mr. B), and the private masturbatory sexual practices (Mr. C). As the patient became capable of bringing himself (Mr. D) to analysis, he began to experience intense sensations of being abandoned, which sometimes became a fear of going mad, of bodily dissolution, or of death from exhaustion. These states were warded off by the patient's awareness of the analyst's sustained attentiveness. This prevented a destruction of self, a 'wiping out' of all object representations, a seeking of the 'rock bottom', and full regression with the hope of renewed progression.

Only after a long time did the patient begin to be able to bear disillusionment and experience sadness without resorting to his crippling defenses. Gradually he could see a future of his ego in the world of human beings.

DISCUSSION: Dr. Mark Kanzer stated that the inner core of the semi-paranoid persons who emerge from these analyses is the frustrated and terrified child with oral drives inhibited because avenues of motor discharge were not developed in the mothering process. Instead, the successors of hallucinatory wish fulfilment—the dreamy states and ultimately the ego ideal—were preferred methods of binding excitation. The dreamlike fusions with the analyst were threatened with disruption.

In disentangling the contributory sources of Mr. D's excited states, Dr. Kanzer was inclined to focus on the 'resistances that offer the presenting point at the given moment'. Mr. D appeared in the analysis after a period of silence and the patient's assumption of omnipotence by turning around to look at the analyst. The patient braves the danger of mutual annihilation from daring to establish contact with the parent in the real world. The dreams and idealization represent a retreat as forepleasure mounts toward end pleasure while the motility, 'looking danger in the face', probably represents a therapeutic advance.

Dr. Kanzer recalled Freud's observation that the superego is a structure while

the ego ideal is an idea—an object that has undergone the process of idealization. Concerning the question of whether idealization takes place independently of, or prior to, superego formation, he also suggested a recent formulation of Hartmann and Loewenstein which seems to agree with Mr. Khan's ideas. They state that there is a self-idealizing process in the infant which helps to restore the state of omnipotence; for the ego ideal proper they see an intimate bond with the superego. Dr. Kanzer suggested that Mr. Khan sees the ego ideal as heir to the healing powers of the dream wish, while the superego is heir to the *cedipus complex*.

Dr. Max Schur questioned the extent to which the abnormal development of the patient's ego ideal has been responsible for the manifestations attributed to Mr. D. He pointed out that annihilation represents the traumatic situation and is not an affect related to the dread of abandonment, as Mr. Khan states. In childhood, the closeness of mother set off an incident in which 'castration' anxiety rapidly deteriorated into panic because the signal function of anxiety was deeply impaired in this child. The castration fear extends to all the genetic antecedents of castration. But the deeper danger—and wish—in such 'borderline' people is complete refusion of self- and object representations. Thus, Dr. Schur commented, one can formulate certain manifestations of the Mr. D phase without referring to the concept of ego ideal. Finally, he objected to the teleological formulations which suggest that the ego ideal or hypochondriacal and psychosomatic symptoms are created respectively to protect against the threat of annihilation and 'to deal with excited states'.

SHELLEY ORGEL

October 21, 1963. A SUGGESTION FOR A PSYCHOANALYTIC DICTIONARY. Ludwig Eidelberg, M.D.

The author describes the basic format, policies, and problems involved in compiling a psychoanalytic encyclopedic dictionary. He feels there is a strong need for such a work because the confusion of terminology constantly interferes in scientific communication among psychoanalysts. Many terms originally introduced by Freud and his followers were only vaguely defined and later took on new and varied meanings. Other terms have been borrowed from different sciences or from lay language and still carry confusing connotations of their original meanings. Dr. Eidelberg has organized a staff of associate editors (Drs. Eisnitz, Kanzer, Bertram D. Lewin, Niederland, Shengold, and Otto E. Sperling) and assistant editors (Drs. Almansí, Donadeo, Silverman, Stamm, and Yazmajian). The contents of the dictionary will not be limited to those definitions used or accepted by the majority of psychoanalysts but will include terms that have been used in a manner seemingly contradictory to basic laws of methodology. It is Dr. Eidelberg's intention that the editorial staff point out pertinent misunderstandings in terminology, suggest improvements, and constantly strive toward further clarification of thought.

Some practical considerations involved in the writing of this dictionary were illustrated in detail by the following examples: instinct and instinctual drive,



instinctual vicissitude, love, and parapraxis. Three of these will be discussed here to convey the style and methodology of the approach used.

In defining the term 'defense mechanism', Dr. Eidelberg focused on the intimate relationships of this concept to instinct theory and to related concepts of psychic conflict, anxiety, and psychic structure. In developing a definition of the term 'instinct' and 'instinctual drive', the confusion results from the lack of a truly adequate English word to translate the German *Trieb* as used by Freud. Dr. Eidelberg feels that the term 'instinctual drive' is preferable, as it comes closer to capturing some of the basic concepts expressed by *Trieb*. The term 'instinct' is often used confusingly in a more academic, static sense, and frequently as a synonym for impulse, urge, or wish.

The definition of 'instinctual vicissitude' began with a description of the four vicissitudes originally formulated by Freud in 1915. Transformation into affects, as mentioned in Freud's paper on repression, is also included. To this are added definitions of regression and progression of instinctual drives, the formation of psychic structure, and the libidinization and aggressivization of ego activity, all representing additional vicissitudes of instinctual drives. The frequent lack of a clear distinction between the concepts of defense mechanism and instinctual vicissitude is noted; Dr. Eidelberg stresses the idea that the concept of defense reflects the structural approach and emphasizes the role of the ego, while the concept of instinctual vicissitude represents an economic approach involving **minimal ego activity**.

**DISCUSSION:** Dr. Charles Brenner affirmed the incontestable importance of a psychoanalytic encyclopedic dictionary. He emphasized that the lexicography should be an exacting, pedantic discipline which should try to avoid the more informal, discursive approach he felt was manifested at times in Dr. Eidelberg's presentation. A dictionary of this type should be not merely a survey of the varying opinions and meanings of a term but should convey a sense of authoritative evaluation. In referring to the concrete examples from the dictionary, he noted that in the matter of the preferable translation of *Trieb* Strachey, in contrast to Hartmann, Kris, and Loewenstein, prefers the term 'instinct'. Dr. Brenner noted several examples of Freud's own inconsistencies and confusion in his usage of terminology he himself had originated. Dr. Brenner felt that the definition of the term defense mechanism, as presented in the paper, could be widened to include such considerations as defense against superego demands. Which specific mechanisms should be chosen to be defined under the heading of defense is really a matter of convention, since in the broad sense anything available to the ego can be utilized for defensive purposes.

Dr. Richard Drooz believed that the clarity of thought, as illustrated in the examples taken from the work, was admirable but he had reservations about aspects of the format in regard to lexicography. Dr. Mark Kanzer emphasized the vastness of the task of examining the basic terminology of psychoanalysis. It has taken four years for the editorial staff of this dictionary to examine and define a mere two hundred terms. Dr. Jan Frank commented that perhaps we should not be so defensive about the complications and contradictions in our terminology, for these very features indicate scientific growth and progress. In



commenting on the format of the dictionary. Dr. Otto Sperling suggested that minority opinions of the meaning and usage of certain terms could be contained in an appendix.

In conclusion Dr. Eidelberg commented that the 'ideal' dictionary, like the 'ideal' analyst, does not exist. We must work as effectively as possible within the time available for such a huge undertaking. The terminology of Freud will be used as a base; terminology and definitions with which the editors are at variance will be included and attributed to the originator. An effort will be made to avoid being too authoritarian, but terminology which 'doesn't make sense' will not be included.

NORMAN N. RALSKE

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After several years in Denver where he was a valued 'geographic' faculty member of the Chicago Institute for Psychoanalysis, DOCTOR RENÉ SPITZ returned in December to Switzerland in what he announced as retirement. For his American friends who will wish to interrupt this busy leisure, Dr. Spitz's address is: 12 Rue Robert de Traz, Geneva.

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The ACADEMY OF PSYCHOANALYSIS will hold its two-day annual meeting at the Hotel Biltmore, Los Angeles, California, on May 2nd and 3rd, 1964.

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EXCERPTA MEDICA has published abstracts of papers of the XXIII INTERNATIONAL PSYCHOANALYTIC CONGRESS held in Stockholm from July 29 through August 1, 1963 under the auspices of the Swedish Psychoanalytic Society. The abstracts are in English, French, Spanish, and German. Copies of individual abstracts can be obtained from Excerpta Medica Foundation, Herengracht 119-123, Amsterdam-C, The Netherlands.

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## FRIGIDITY: A REVIEW OF PSYCHOANALYTIC LITERATURE

BY BURNES E. MOORE, M.D. (NEW YORK)

'Throughout the ages the problem of woman has puzzled people of every kind' Freud said in 1932 (23). The sexual responsiveness of his partner has been of major concern to man, not only out of consideration for her pleasure, but also because of doubt about his own performance. This concern is indicated in a preoccupation with various coital positions and other techniques in intercourse. Such preoccupation was evidenced by ancient Roman authors such as Horace and Ovid, in early Islamic and Oriental writings such as Vatsayana's Kama Sutra, and is continued in the marriage manuals of today (35). Implicit in these writings, ancient and modern, is an acceptance of male responsibility for woman's erotic gratification. This attitude is consistent, on the whole, with certain psychoanalytic ideas: that masculinity is associated with active, loving anacletic traits, and femininity with a passive, narcissistic desire to be loved. Nevertheless, psychoanalysis has not been content with this assessment of responsibility but has sought to understand the inability of a woman to respond sexually, principally in terms of the genetic and dynamic factors influencing her development.

It is the purpose of this paper to review the psychoanalytic theories of female sexual development which may provide a basis for better understanding of frigidity. In this complex subject, however, there is danger of becoming lost in a Minoan labyrinth. The dilemma of the reviewer is to find and present what is relevant without losing the reader in a mass of detail. Emphasis will be placed, therefore, on those biological, psychological, and experiential factors that may produce deviations in the female developmental sequence which contribute

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Presented at the panel on Frigidity in Women to the meeting of the American Psychoanalytic Association, New York, December 9, 1960.



to the phenomenon of frigidity. A comprehensive discussion of the vicissitudes of female sexuality, or even of frigidity, will not be possible. Only certain aspects and authors can be considered, often summarily, without specific credit for priority and without tracing the development of theory.

### DEFINITION

In a monograph on frigidity by Hitschmann and Bergler (27) it is stated: 'Under frigidity we understand the incapacity of woman to have a vaginal orgasm. It is of no matter whether the woman is aroused during coitus or remains cold, whether the excitement is weak or strong, whether it breaks off at the beginning or the end, slowly or suddenly, whether it is dissipated in preliminary acts, or has been lacking from the beginning. The sole criterion of frigidity is the absence of the vaginal orgasm.'

In the main this definition has been accepted by psychoanalysts. Logically inconsistent with the 'all or none' quality of this definition, however, is a tacit understanding which seems to exist that there may be varying degrees of frigidity ranging from total anesthesia, complete absence of psychic excitement, and lack of glandular secretion and involuntary contractions, to full participation and enjoyment of the sexual act with the apparent sole exception of vaginal orgasm. This implies that the difference between clitoral and vaginal orgasm is merely a matter of intensity, a conclusion contradictory to the commonly held belief that qualitative as well as quantitative differences distinguish vaginal from clitoral orgasm. In the psychoanalytic literature attention has often been focused, perhaps too greatly, on the transfer of erotogenic zones and the importance of vaginal as opposed to clitoral orgasm.

On the other hand, nonpsychoanalytic investigators with a biological orientation are inclined to define orgasm, even in humans, in more general physiological terms. Kinsey (35), for example, describes it as 'a build-up of neuromuscular tensions which may culminate at a peak—from which there may be a

sudden discharge of tension followed by a return to a normal physiologic state. This sudden release of neuromuscular tensions constitutes the phenomenon which we know as sexual climax or orgasm.' Because sensory end organs are relatively lacking in the vagina, as observed clinically and anatomically by gynecologists, he regards it as a physiological impossibility that the vagina itself should be the center of sensory stimulation. He discounts the spasms of the perineal muscles and the levator muscles of the vagina as a basis for reference to a 'vaginal orgasm', explaining them as an extension of the spasms that may involve the whole body after orgasm. Women with extensive spasms throughout their bodies are likely to have vaginal convulsions of some magnitude, and these patterns are highly individual and variable. Kinsey acknowledges, however, in apparent contradiction of himself, that 'many females, and perhaps a majority of them, find that where coitus involves deep vaginal penetration, they secure a type of satisfaction which differs from that provided by the stimulation of the labia or clitoris alone'. This fact he attributes to some mechanism that lies outside the vaginal walls themselves, possibly a stimulation of muscular masses of the pelvic sling. Nevertheless, his report of studies showing that the upper end of the uterus goes into rhythmic contractions of considerable frequency whenever there is sexual arousal confirms the observations of women reporting the sequence of deep vaginal orgasm. Kinsey does not seem to have established his point. The evidence he presents of vaginal insensitivity does not invalidate the concept of a vaginal orgasm as a subjective phenomenon. What is probably important is not the presence or absence of sensitivity but the cathexis of the organ as the site of erotic satisfaction. While emphasizing the total physical participation of the body in the sexual climax, Kinsey apparently minimizes the social and psychic elements by equating all types of orgasm, whether masturbatory, the result of premarital petting, or that associated with marital intercourse. Thus Kinsey's approach is behavioristic rather than dynamic, quantitative rather than qualitative.

Ford and Beach (15) report correlations of subjective sensations of orgasm in women with peaks in the heart rate. They found that a more or less steady state of arousal, as indicated by this physiological criterion, accompanies penetration and continued intromission. They believe that 'women come to recognize and identify these physiological changes and call them orgasms'. Relatively minor physiological changes are sometimes called orgasms, and these authors are therefore not surprised by variations in intensity or failure to recognize orgasm. To them psychological factors are more important than physiological factors in respect to degree of satisfaction.

Even in the psychoanalytic literature there is some difference of opinion about orgasm. Thus Marmor (41) doubts that erotogenicity normally becomes transferred from the clitoris to the vagina. He believes that clitoral sensitivity is a continuing factor in adult female sexuality, a point made in poetic terms by Freud (16) as early as 1905. To Marmor it is logical to assume that the actual spinal mechanism of orgasm is identical in all human females, but the variations which take place are due to the degree to which cortical inhibition or cortical facilitation accompanies the spinal reflex.

Sylvan Keiser (31) attributes a certain type of preorgastic anxiety to 'apprehension of the physiological, momentary unconsciousness that accompanies a healthy orgasm, which is comparable to death or to falling asleep—all accompanied by withdrawal of cathexis from the body ego'. Keiser regards this momentary loss of consciousness as a *sine qua non* of normal orgasm. Although Freud (16) once alluded to the phenomenon in these same terms, and Kinsey reports it as occurring in a very small percentage of cases, Needles (43) found it a rare and probably pathological phenomenon. Of course alterations in the state of consciousness and withdrawal of cathexes from the outside world during intercourse and orgasm are well-known phenomena. This is but one example of the confusion that exists with respect to orgasm. It is evident, I think, that the technically extremely difficult task of studying the metapsy-

chology of orgasm itself should be pursued as well as the physiological and behavioral phenomena if we are to understand the condition characterized by its supposed lack.

### THE LITERATURE ON FRIGIDITY

Psychoanalytic understanding of the causes of frigidity was naturally dependent on the formulation of a comprehensive theory of female psychosexual development with which Freud (17, 18, 19, 20, 21, 22, 23) was occupied during the period between 1916 and 1932. His ideas aroused active interest among his followers who contributed confirmatory and supplementary observations, but there was also some dissent. Certain female analysts seemed to consider feminine psychology a mysterious realm which could not be penetrated by a male analyst because of his masculine bias. Others, however, notably Helene Deutsch, Jeanne Lampl-de Groot, and Marie Bonaparte, have remained in essential agreement with Freud throughout their lifelong studies of the psychology of women. For the most part, discussion of frigidity has been subordinate to the presentation of concepts relating to the broader field of female psychosexual development; its occurrence was explained on the basis of the psychic phenomena in question or used to confirm and support theoretical hypotheses. However, as early as 1926 Stekel (46) had singled out the problem of frigidity for specific attention in two volumes, and it was the subject of a monograph by Hitschmann and Bergler (27) in 1936. Bergler (3, 4) has since published two additional volumes dealing with impotence and frigidity.

Considering its incidence (total frigidity in about one third of women according to Kinsey [35]) and its importance for marital happiness, there has been in recent years a surprising lack of psychoanalytic papers giving specific consideration to frigidity. There is, it is true, an abundance of incidental references to the problem in clinical papers or in theoretical works primarily concerned with other matters. After initial interest in the subject as part of the enigma of femininity, psychoanalytic attention therefore has been directed largely to other mat-



ters. Like many other behavioral phenomena, frigidity may be regarded as one possible consequence, highly overdetermined, of an aberrant course in a complicated series of psychosexual developments. Therefore, it may be that further clarification of various aspects of psychoanalytic theory was necessary before understanding of frigidity could progress beyond the early explanations. Freud apparently required for this subject such a period of latency while other problems received greater attention. As early as 1905, he had noted the two principal reasons for the complexity of female sexuality: the necessity for a change in the sex of the object from that of the original and a shift from clitoris to vagina as the leading erotogenic zone (16). He related vaginal anesthesia to difficulties in this transference of erotogenicity and to repression. Differences between the sexes in regard to active and passive aims and penis envy were also observations available to him at that time for the understanding of frigidity. His letters to Fliess contain occasional references to frigidity and other writings indicate his continuing clinical interest, but it is an indication of the complexity of the subject that Freud did not complete his formulations about the psychology of women until 1932. His interpretations of frigidity came *pari passu* with his broader understanding. For this task he needed as background his theories regarding instincts and their vicissitudes, the polarities of activity and passivity, the œdipus complex, narcissism, masochism, the infantile genital organization of the libido, and the structural concept.

Further cultivation along these theoretical lines has been continued by the same female analysts who worked in concert with Freud to establish the basic theory of feminine psychology. Jeanne Lampl-de Groot (37, 38) and Ruth Mack Brunswick (8) contributed largely to understanding the preœdipal phase and changes in the active and passive aims of the child. In an early volume (9) on *Psychoanalysis of Sexual Functions of Women*, in a series of papers (10, 11, 12), and in two final volumes (13) in 1944, Helene Deutsch has made significant contributions to our knowledge of feminine masochism. Her work

offers an integration of the psychology and the intrinsic biologic functions of women as these are influenced by cultural and social factors. She demonstrates that disturbances of erotism cannot be viewed as isolated phenomena. Marie Bonaparte (6) emphasizes the bisexuality and masochism in woman's biologic nature as an explanation for frigidity.

The works of a few other authors deserve mention, either for their direct bearing on frigidity or because they suggest new and promising directions. Lorand (40) and Langer (39) have demonstrated clinically the relation of frigidity to frustrated orality. Therese Benedek's (2) careful attempts to correlate hormonal changes during the sexual cycle of women with the psychic manifestations observed during analysis opened up another avenue for consideration of the biological phenomena. Careful study by Phyllis Greenacre (24, 25) of the effect of early vaginal and clitoral sensations has made more understandable the pre-*oedipal* organization and the patterning of later sexual response, character, and intellectual functioning in women. The previously somewhat bare outlines of the vicissitudes of female sexuality have been filled in recently by the contributions of Judith Kestenberg (33, 34).

Fliess (14) has examined the psychic organization of the genital zones. Finally, a renewed interest in the psychoanalytic study of the phenomenon of orgasm itself has been shown by Sylvan Keiser (31, 32), Judd Marmor (41), and others. Whether advances in these specific areas or in general psychoanalytic knowledge relating to ego psychology and defense mechanisms in particular are sufficient to make worth while a re-examination of the subject of frigidity remains to be seen.

### BIOLOGICAL FACTORS

It would be a gross misrepresentation of the psychoanalytic point of view to omit consideration of biological factors in the causation of frigidity. Freud (23) believed that biology, not psychology, would have to solve the riddle of femininity. Frigidity, he said, is sometimes psychogenic, but in other cases one

is led to assume that it is constitutionally conditioned or even partly caused by an anatomical factor. In regard to the masculinity complex, its determinant is 'nothing other than a constitutional factor; the possession of a greater degree of activity such as is usually characteristic of the male'. Although Helene Deutsch (10, 13) has stressed the psychic influence that biological functions exert on the development of the erotic life of women, it is Marie Bonaparte (6) who has given most emphasis to the specifically biological determinants of disturbances in feminine sexuality. Her opinion is based on embryological data and the admixture of activity and passivity, masculinity and femininity to be found in every human being. She believes that bisexuality is the primary cause of manifestations such as penis envy which accompany frigidity. An essentially female inertia and a limited amount of libido, further weakened by the changes in genital zones, is the specific female condition for frigidity while the masculinity complex, which makes it harder for the libido to adapt to woman's passive, vaginal role, is the specific male condition. Our patriarchal civilization, which imposes greater sexual inhibitions on women and results in stronger repression of their sexuality, is a cultural, moral condition.

The characteristically female avoidance of sexual approach and the lack of a recognizable orgasm in some infrahuman species has led some biologists to attribute frigidity in the human female to biological differences between the sexes. However, Ford and Beach (15) clearly denote the greater role of psychological factors in the woman as opposed to reflexly and hormonally determined behavior in infrahuman species. In lower mammalian females there is a rigid, clear-cut relationship between reproductive fertility and sexual responsiveness, controlled by the periodic secretion of ovarian hormones. This correlation between fertility and sexual receptivity is less well defined in subhuman primates and completely obliterated in the human female. Ford and Beach conclude that the growing importance of cerebral influences accounts for the progressive relaxation of hormonal control over sexual responses and has

resulted in greater lability and modifiability of erotic practices.

It appears that the influence of the cerebral cortex is essential to effective mating in males of most of the lower mammalian species but is dispensable in females. This difference in importance of the cerebrum is directly responsible for other differences between males and females at this level of the evolutionary scale. Practice and learning of sexual behavior seem to be more important to the male animal than to the female. Males, too, are more easily inhibited by strange surroundings or by previous unsuccessful sexual experiences. While males may be positively conditioned, so that stimuli which originally had no sexual significance become capable of evoking intense erotic arousal, comparable conditioning has never been observed in lower mammalian females. The sexually aggressive male often displays more discrimination, refusing some females and mating with others that are no more receptive.

Consistent with these cerebrally determined differences between the sexes of lower orders are certain aspects of human sexual behavior. Conscious sexual fantasy often accompanies self-stimulation and adds greatly to the satisfaction of the climax in male masturbators. The majority of women, in contrast, appear to rely more heavily upon the actual presence and behavior of a sexual partner. Moreover, Kinsey's data (35) suggest that men are more aroused than women by scopophilic stimuli. For erotic gratification, physical climax seems less necessary and personal relations more important for the human female.

From this observation we may deduce that the cerebrally determined differences in male and female sexual behavior established experimentally in lower animals may also apply to humans. If so, cerebral differences may account, at least in part, for the varying sexual responsivity of women. This would approximate the neuroanatomical theory about the nature of female orgasm advanced by Marmor and discussed previously, although there seems little reason to deny, as he did, the existence of vaginal orgasm.



## AN OUTLINE OF FEMALE PSYCHOSEXUAL DEVELOPMENT

Freud's views on female psychosexual development underlie all subsequent additions and modifications relating to the causes for frigidity. According to him, both sexes pass through the early phases of libidinal development in the same way. Even the phallic phase is strikingly similar, for both boy and girl behave as though there is only one kind of genital organ—the male. Ultimately it is necessary for the girl to transfer the dominant erotogenic zone from clitoris to vagina; but in the phallic phase the vagina is still relatively unknown to both sexes, and the clitoris is used by the girl to obtain a measure of masturbatory gratification. There are consequences of far-reaching importance when the girl first sees the penis. She appreciates the situation, becomes aware of her deficiency, and desires an organ like the one she sees. She develops a 'masculinity complex' characterized by the unrelinquished hope of eventually getting such an organ, denial of her penisless state, and a sense of inferiority which causes her to share man's contempt for her sex. Her penis envy may become displaced from the true object and find expression in various character traits such as jealousy. Unconsciously she holds her mother mainly responsible for not providing her with a penis, and this, together with other, older complaints, results in a loosening of her ties to her mother as a love object. Masturbation, which has been clitoral and associated with masculinity, frequently becomes unacceptable because of the smallness of her clitoris, her inability to compete with boys, and her consequent narcissistic sense of humiliation. It is often given up as a result of the defensive efforts of the ego which at puberty repress a large amount of the girl's masculine sexuality. Development of her femininity is thereby facilitated unless the repression is so strong as to impair all erotic feeling. As she gives up her mother as a love object and discontinues masturbation, the little girl, in usual development, relinquishes her wish for a penis and replaces it with a wish for a child. For this purpose, she takes her father as a love object and her

mother becomes an object of jealousy. If her attachment to her father later comes to grief, it may give rise to a return to the masculinity complex with permanent impairment of her sexuality.

In girls, the operations of the castration complex precede and prepare for the œdipus complex. In boys, the phallic phase coincides with the œdipus complex which succumbs to the threat of castration and gives rise to superego formation. The realistic possibility on which the castration threat is based does not apply to girls, and the fate of the œdipus complex is different from that in boys. It may be slowly abandoned or eliminated by repressions, or its effects may persist far into the woman's mental life with consequent modifications of superego development.

Freud postulated three lines of development that may follow this castration complex in the girl: she may turn her back on sex, giving up sexuality in general; she may cling in obstinate self-assertion to her masculinity; or she may go on ultimately to develop the normal feminine attitude.

#### PSYCHOLOGICAL FACTORS THAT MAY CONTRIBUTE TO FRIGIDITY

A separate discussion of the various psychological factors that may contribute to frigidity is required for the purpose of brief presentation, but such separation is not intended to imply that these factors operate singly or independently. The active or passive aims of the libido will be considered first.

#### ACTIVITY AND PASSIVITY

In the libidinal development of the child, male or female, the erotogenic zones are passively awakened by the active ministrations of the mother, the first seducer. This passive cathexis invests the mouth, the anus (or cloaca, as Bonaparte prefers to call the region because of its lack of differentiation in the mind of the female infant), and the phallus, as well as the whole cutaneous surface of the body. In the anal-sadistic stage, about

the beginning of the second year, activity begins with the acquisition of sphincter control and concomitant development of the muscular system. The helplessness of the child, however, results in its continued passive stimulation. Cathexis of the cloaca is strengthened, not only by the mother's cleansing but also by the fecal masses in the rectum, which the child, as he or she matures, becomes able to appreciate in an increasingly differentiated way. Anatomical differences determine the generally greater cathexis of the penis in the male, and the clitoris, cloaca, and skin in the female. Though all erotogenic zones are endowed with both active and passive cathexes, passivity is predominant in the early history of the clitoris. Bonaparte (5, 6) believes that regression facilitates the giving up of activity acquired later and aids in transfer of the dominant erotogenic zone from clitoris to passive vagina. While the cloaca is both actively and passively cathected, passivity predominates because of the type of stimulation it receives.

It is in this early stage, in which the penis is endowed predominantly with activity and the cloaca with passivity, that the dominant unisexuality of the child becomes defined. However, Bonaparte points out that the tendency to future bisexual expression may be increased by an excessive erotization of the active sadistic muscular activity in the girl. Conversely, I might add, overstimulation of the skin may contribute to excessive passive erotization of the diffuse cutaneous surfaces of the body, detracting from the libido invested in the specifically genital region (as we see, for example, in those women who can be aroused sexually only by prolonged stroking of the body). But early factors accentuating passive anal erotism presumably predispose to later passive psychosexual attitudes.

In the preœdipal period, therefore, the girl child's sexual aims in relation to the mother are first passive but later increasingly active. Active wishes are fulfilled in play with dolls and may be manifested in oral, sadistic, and even phallic impulses toward the mother, which are sometimes later transferred to the father object. Brunswick (8) and Lampl-de Groot (37) re-

gard such play as an identification with the active mother in an attempt to gain mastery over the self and the outside world. Only later, with the onset of the desire for a penis, does the doll become a child by the father and thenceforward the strongest feminine wish. Such active phallic wishes directed toward the mother<sup>1</sup> are, however, antithetical to the ultimate choice of object and the feminine destiny. Normally, there must be not only a change of object but also a change from active phallic to passive feminine desires.

Some of the factors that contribute to this essential change from activity to passivity require specific mention at this point although they are related to subjects to be discussed separately later. The discovery of the penis and of her own supposed deficiency wounds the female child's narcissism and cannot be accepted. For this reason she assumes unconsciously that her genital is a wound that has resulted from castration. She feels deprived and blames her mother. It is only secondarily, when she has accepted her own castration and erotized it in voluptuous fantasies of sadistic coitus, that she can masochistically imagine herself castrated by father. As a result of her fantasied mistreatment at the hands of her mother, the active, loving phallic attitude toward the mother changes to hostility. Mother is given up as an object, the child identifies herself with her, and father is accepted as object in the positive or passive œdipal phase. Of course, if mother is of the type Deutsch has described as active-erotic instead of passive-masochistic, the result of identification will be a perpetuation of activity in the daughter. This will interfere with her erotic gratification in the feminine role even though she is able to carry out the biological functions of motherhood. Conversely, lack of identification with mother, who remains the unconscious love object, will be pathogenic

<sup>1</sup> The Kleinian school explains the active, masculine attitude toward mother (28, 36), which Freud and Lampl-de Groot considered a preœdipal phase, in terms of a very early œdipal disappointment resulting in identification with the father. This results in repression of early vaginal sensation and in denial of the vagina (29).



to erotic feminine function and will lead to physical rejection of motherhood and children. Another hazard is that in the process of giving up mother some of the passive trends may also suffer disappointment and, with repression of active masculine strivings, the general sexual life may be permanently injured.

In the course of these events, what Deutsch (13) describes as a process of aim-reversal normally takes place. Activity is turned inward, converted to passivity, and contributes to the feminine masochistic component of womanhood as well as to the enrichment of her inner life: this endows her with intuition, subjectivity, and general feminine affectivity. Kestenberg (33) has given some indication of how this aim-reversal takes place. She points out that organ activity presupposes libidinal and aggressive cathexis of the organ. This is withdrawn in passivity, for which complete relaxation is a model. However, she believes that there are indications of early vaginal sensations (activity) before psychic organ representation occurs. Muscle tension, innervation, and vascularization, which do not lead to visible movement, are experienced in various ill-defined ways (often fused with urethral, anal, and abdominal sensations), and the activity of the vagina is not recognized. To the ego, the experience is a passive one, as if something were inflicted upon the person by an outside force. Nevertheless, such inner activity creates an urge for relaxation which is experienced as a need to shake off the aggressor. 'This need stimulates various activities to accomplish discharge. As a last resort, passive dependence on someone else's visible activity is accepted as the only effective means of relaxation. . . . The ego gives up its prerogative of mastery over the body, and contents itself with the feeling of mastery over people who can provide satisfaction and thus effect relaxation.' However only through active experiences can an organ image develop fully. 'Passivity promotes haziness of boundaries, stimulates fantasies, and thus acts adversely upon reality testing. Passivity enhances the development of affects, while activity provides discharge and thus releases the ego for the practice of discriminatory functions.'

Jeanne Lampl-de Groot (37) throws some light on the later role of activity and passivity in women. She conceives of activity as essentially masculine and passivity as feminine, though Freud (23) warned that this is not entirely true. She regards these aims as the result of complicated vicissitudes of the life and death instincts, determined in part by the biological processes appropriate to the two sexes. Nevertheless, bisexuality and the late role of predominating sexual behavior, which is delayed until maturity, result in incomplete subordination of active to passive libido strivings in women. A purely feminine love orientation of a woman to a man would leave no place for activity and would be a purely narcissistic process making satisfactory fulfilment impossible by any man. She would not love but would only permit herself to be loved. When a woman does accomplish object love, as in her relation to her child, Lampl-de Groot believes that she does so with actively directed libido components. Many women retain some of this activity in their relations to men also and love the man with real object love, that is, with masculinity. She believes purely feminine, narcissistic women are usually poor mothers. Yet some very maternal women are so disturbed in their feminine sensibilities that they have a poor relation to their husbands and often suffer from frigidity or other difficulties. Normal development, she believes, consists in attainment of a balance between passivity and activity that enables a woman who is feminine in her sexual life to develop strong maternal feelings for her children. In this Lampl-de Groot agrees with Brierley (7).

#### PREOEDIPAL AND OEDIPAL FACTORS

Freud believed, in agreement with Lampl-de Groot, that the active, phallic attachment to mother constitutes a prolonged negative oedipal situation which is superseded, after the discovery of presumed castration, by the positive oedipal attachment to father. Although many women remain arrested at the original phase of attachment to mother, with disastrous results for their subsequent erotic life, others develop a particularly strong attachment to father which is transferred from an equally

strong and passionate attachment exclusively to mother. As a result such women may take father as a model for the choice of a husband, but repeat with the husband the bad relations that existed with mother. Freud believed that this hostile attitude toward mother was not a consequence of rivalry implicit in the œdipal situation, but that it originated in the preceding preœdipal period and simply found in the œdipal situation re-enforcement and opportunity for asserting itself. As the first object relation, the attachment to mother was the most intense and ambivalent and therefore doomed to failure, as is often the first marriage of such women. Though there has been a successful transfer of object, as Bonaparte points out, unconsciously such women remain passively fixated, cloacally and phallically, on the mother.

Even in relatively normal female development, Freud thought that dissolution of the œdipus complex is rarely as complete as in the male; some degree of father-fixation is common. This he attributed to the lesser degree of castration anxiety in the girl, although others have found somewhat equivalent anxieties that tend to drive her away from father. Deutsch (11), for example, mentions the ego fear, due to masochistic impulses in the id, of the masochistic triad: castration-defloration-parturition. A strong persisting œdipal attachment to the father may be repressed but nevertheless determines choice of husband. In this case the husband is never anything but a proxy. Whether he is rejected as unsatisfying depends upon the strength of this fixation and the tenacity with which it is upheld (17). Though the husband chosen is often passive, the unconscious wish is most frequently for the 'violent man' by whom she will be overpowered. The superego reacts to masochistic œdipal fantasies with severe prohibitions and the ego may defend itself with feelings of guilt and frigidity (27).

#### NARCISSISM

An increase of secondary narcissism is ascribed to compensation for absence of the male organ by Harnik (26) but is also

regarded as a defense against masochism by Deutsch (11): it is a genitalization of the body instead of the vagina. Freud (23) associated this increased secondary narcissism with the narcissistic type of object choice and the desire to be loved so typical of women. An excess of narcissism not transferred to the whole body of the little girl may prevent her acceptance of her genital 'wound' and lead to what van Ophuijsen (44) called the 'masculinity complex' and Abraham (1) the 'castration complex'. Though the causative factors of this complex are more complicated, narcissism in this way makes its contribution to frigidity. Marked passivity is often associated with exaggerated narcissism in women and interferes with object relationships. The demands of such women cannot be fully satisfied by any man, and they make poor mothers as well.

#### THE MASCULINITY COMPLEX AND PENIS ENVY

The origin of the 'masculinity' or 'castration complex', its varied forms, neurotic transformations, character traits, and significance for frigidity have been described in detail in classic papers by van Ophuijsen (44), Abraham (1), Jones (30), and Rado (45).

Van Ophuijsen attributed the phallic significance of the clitoris to anatomical connections between it and the bladder and the desire to urinate like a boy. Horney (28) convincingly related penis envy to three elements: 1, urethral erotism, based on the narcissistic overestimation children attach to excretory processes; 2, scopophilia, since sexual curiosity regarding his organ can be so easily satisfied by the boy; and 3, suppressed onanistic wishes, which the little girl construes as permissible to the boy who can hold his penis while urinating. As the dynamic force giving rise to penis envy, Horney postulates disappointment in a very early and strong father-fixation. The object relationship is given up together with the desire for a child, and identification with the father ensues with regression to anal ideas and the old demand for a penis. In other words, Horney places at an earlier stage the dynamics described by



Freud (19) in *The Psychogenesis of a Case of Homosexuality in a Woman*, but Freud was discussing there the consequence of revival of the infantile œdipus complex in pubertal disappointment of the wish for a child from father. Of course regressions to the masculinity complex do occur, not only as a result of disappointment and a protection against œdipal guilt but also as a means of defense against feminine masochism. According to Deutsch (13), Freud believed that penis envy in the preœdipal period results in identification with father, but recognition of her organ inferiority leads the little girl to transfer object attachment to father in normal feminine development.

Abraham (1) pointed out that the girl assumes unconsciously that her genital is a wound which has resulted from castration. She persists, nevertheless, in castration fears, a logical incompatibility which Rado (45) clarified by demonstrating that girls with a strong masculinity complex establish a denying fantasy of an 'illusory penis'. This organ exists in the realm of unconscious fantasy and finds displaced representation in some other part of the body or in character traits. Masturbation is sacrificed to avoid coming in contact with reality which might imperil the illusory penis.

Her biological equivalent of castration gives rise, in the girl with a masculinity complex, to hostile wishes for revenge—to castrate the man and rob him of what he possesses, an expression of the anal-sadistic developmental phase. Abraham (1) described two general types of neurotic transformation of the castration complex: the wish-fulfilment type and the revenge type. The first finds gratification in dreams, substitute formations, fantasies, and symptoms. The revenge type also finds expression in many ways. Vaginismus, for example, serves the repressed fantasy of performing castration on a man, preventing intromission, or, alternatively, not letting the penis escape. The hostile purpose may be displaced from the organ to its function so that the aim is then to destroy the potency of the man. Another modification is the wish to disappoint the man—to excite expectations and not to fulfil them—most frequently and significantly expressed in

frigidity. Whatever pleasurable sensation exists in such women is situated in the clitoris, homologue of the penis, thereby confirming the desire to be male. Transitory pleasure may be abruptly terminated and disowned. Normal sexual sensation may develop in some women after the birth of a child who is adequate compensation for the missing penis. Others refuse any substitute, particularly one that reminds them of their femininity. Humiliation of the man may be a necessary condition for erotic fulfilment of the frigid woman. The frigidity of the prostitute signifies for her the humiliation of all men and therefore a mass castration. The avoidance of such revenge for her fantasied castration in defloration is the unconscious purpose, according to Freud (18), of the taboo of virginity and the ritual defloration of virgins by a person other than the intended husband in certain primitive tribes.

The view of Deutsch (13) regarding the masculinity complex is that woman's masculine wishes and her difficulty in mastering them result from multiple psychologic influences in which penis envy plays a part but does not constitute a primary cause. The development toward femininity proceeds primarily by virtue of a constitutional impulse which may be hindered but not thwarted by traumatic situations along the way unless they are overwhelming. The aggressions of the masculinity complex are intensified by penis envy, but are the result of the rage and excitation accumulated in the preceding development.

#### THE TRANSFER OF EROGENIC ZONES

Something needs to be said about the process by which transfer of erotic cathexis from the clitoris to the vagina takes place. Brierley (7), Horney (29), Müller (42), and others (24, 33, 36) believe in the existence of early female genital impulses which are subsequently repressed with denial of the vagina. Brierley found evidence of vaginal contractions during happy suckling or during a time of acute frustration at the breast, an idea confirmed at least to some degree in the more recent work of Greenacre (24) and Kestenberg (33, 34). Brierley believed that the spread

of excitement from one zone to another finds representation in ego organization and accounts for the series of displacements: mouth-anus-vagina and nipple-penis-feces-child. Such oral-vaginal association may be weak, but she believes that what matters is its establishment under pleasurable or painful conditions; in other words, the degree of sadism with which it is invested. She concludes that only babies whose vaginas participate to some, even if very slight, extent in happy suckling are headed for normal femininity. Frustration and oral sadism particularly predispose to erotic abnormality. The concept of oral frustration as a cause of frigidity has been advanced by Lorand (40) and Langer (39).

Though acknowledging the vital importance of early stages, Deutsch (10, 13) looks at the total development of the woman as effecting her acquisition of vaginal sensitivity. Libido that originated in the oral zone and first cathected the maternal breast is transferred to the father, and the unconscious equates the father's penis with the mother's breast as an organ of suckling. In the anal phase feces become an organ of mastering. Thus is established the equation of breast-column of feces-penis. The clitoris attracts to itself a large measure of this libido, but at the œdipal period it must be given up, flowing back to the body as a whole. At puberty libido must again flow toward the vagina, partly from the whole body and partly from the clitoris which had retained some cathexis. This transformation may be difficult but it is aided by further erotization of the vagina by menstruation and its revival of castration fantasies. This process occurs by means of a series of identifications of genital parts with objects and part-objects, with consequent transfer of actively or passively directed libido. The vagina, through its secretory and contracting functions, takes over the activity of the clitoris. The truly passive feminine representation of the vagina is based on oral sucking activity, an activity turned inward.

Incorporation of the penis is a repetition and mastery of weaning. Deutsch sees in parturition a final phase of the sexual act, a delayed stage in orgasm, with similar pleasure. During

pregnancy libidinal stages of development are repeated and the child, as libidinal object of the mother, forms part of the mother's ego, bringing back to her some of the narcissism which the woman imparted to her partner in the sexual act. This incomplete presentation of Deutsch's ideas demonstrates that she views the erotic life of woman as a series of transformations and exchanges of energy intimately interwoven with those biological processes that are intrinsically and exclusively female. Fulfilment of her biological function, continuation of the species, does not require of woman that her erotic cathexis be discharged in the sexual act by orgasm. Perhaps even the opposite is demanded, that there be some conservation of her resources. If so, it is not surprising that little or none is expended by some women in sexual intercourse.

#### MASOCHISM

Finally, to understand femininity we must consider Deutsch's very important contributions on feminine masochism (11, 13). The female child must give up clitoridean masturbation before it has a new pleasure zone. In the interim the active cathexis that has abandoned the clitoris regressively cathects earlier points in pregenital development and is deflected toward masochism, contributing to the wish to be castrated by father. The masculine protest, 'I won't be castrated', is converted into its opposite. This is the passive feminine masochistic destiny, the feminine masochism of which Freud spoke, as yet untinged by reaction to a sense of guilt. The first infantile identification with mother is in terms of this masochistic orientation. Deutsch makes clear that in neuroses primary libidinal feminine masochism is closely interwoven with and obscured by moral masochism, originating under pressure of the sense of guilt.

Deutsch ascribes frigidity to woman's fear of her own masochistic wishes, related to earlier sadistic fantasies. These threaten the ego, which takes up a narcissistic position of defense by identification with father, which is also flight from masochistic identification with mother. Rado (45), agreeing in the main,



formulates the matter somewhat differently with more emphasis on castration fear. Discovery of the inferiority of her organ, he says, is a narcissistic injury to the girl which causes her to give up masturbation, but the intensity of the hurt provides a new substitutive gratification. It leads, however, to masochistic fantasies that are threatening. To deal with this danger the ego protects itself by flight, combat, or choice of the lesser evil. Frigidity represents the reaction of flight. Thus Deutsch and Rado explain femininity in terms of masochism that results from the vicissitudes of instinctual aims, and they explain frigidity as an expression of the ego's defense. Bonaparte (6), on the other hand, seems to regard suffering as the biological fate of woman as seen in castration, defloration, menstruation, and parturition. Feminine masochism represents an adaptive acceptance of that lot.

#### MOTHERHOOD

The visual and tactile inaccessibility of the vagina and the diffuseness of its excitations make difficult its incorporation in the body schema. Early in life vaginal sensations are fused with those from other zones and projected to the outside of the body. Kestenberg (33, 34) believes that maternal feelings develop from this biological need to discharge vaginal tensions on an outside object over which the little girl can attain active mastery. Aided by identification with her mother and the concept of the 'anal baby', she finds in the baby-doll a suitable substitute for the lack of an organ of discharge. This fact may account for the inverse relation between vaginal sensitivity and maternal needs elucidated by Deutsch. Adult vaginal satisfaction in coitus and masturbation brings relief of sexual tension, but does not allow for active mastery of the organ which can be achieved only through active manipulation of an infant.

Whatever its source, psychic representation of motherhood is important to femininity, representing the main goal of existence for a woman, and individual gratification may be exchanged for the racial aim. Though motherhood is not necessarily an-

tagonistic to sexual gratification, various grades of detachment of one from the other may lead to neurotic conditions of love comparable to the split in the love of certain men. Normal identification with mother is accompanied by the desire to be loved by father and, like mother, to have a child by him. This wish can be fulfilled provided the girl exchanges her infantile object, the father, for another man. Otherwise, instead of successful identification, she develops spiteful rivalry with mother accompanied by a grave sense of guilt which requires renunciation of the maternal role (12). If oedipal wishes are excessively strong, discovery of the mother's sexual role results in degradation of her as a prostitute and identification with her is charged with intolerable guilt.

These causes of detachment of sexual gratification from motherhood may result in various forms of asexual motherhood. In one, the woman accepts motherhood and her child but the role of the man as sexual partner is denied. In another type, marked masochistic tendencies may find such gratification from motherhood that direct sexual satisfaction becomes insignificant. A third form occurs in women whose strong sadistic components result in a markedly masochistic view of motherhood. Sexuality may be rejected for fear certain dangerous masochistic wishes may be fulfilled, but the wish for a child is retained. In brief, identification with the mother may be rejected, or the mother's role as a sexual object denied (13).

### SUMMARY

Frigidity appears to be somewhat uncertainly defined. It could not be otherwise so long as the phenomenon of female orgasm is itself not clearly understood. Obviously it is important to integrate the facts of female anatomy and physiology with psychoanalytic theory if we are to further our understanding of the psychology of women. But the attempt to do this has led some writers on the subject to set up certain rigid criteria of 'normality' more concerned with a priori assumptions than with the psychology of the individual. Thus there is perhaps overempha-

sis on the transfer of erotogenic zones and the importance of vaginal rather than clitoral sensation as a requirement of feminine gratification—as if there were a need to affirm the difference between the sexes. In this respect Freud was more circumspect than some of his followers. His discussions of frigidity were based more on psychological considerations than on the tenuous validity of physical manifestations.

In this review, attention has been focused primarily on the individual psychological bases for frigidity, although the influence of early objects is always implicit and sometimes of paramount importance. The effect of the sexual partner and the social and cultural conditions under which intercourse takes place have not been examined, although they are undoubtedly of at least secondary importance. Also beyond the scope of this paper is consideration of the role of society in limiting the opportunities of women for direct sexual gratification or sublimation, as well as the interesting question of the effect of the relatively greater equality of women in our modern world.

Certain biological factors undoubtedly contribute to a lack of sexual responsivity in some women. In general the female sex is thought to be endowed with a weaker libido which is still further weakened by the deflections caused in a change of object and erotogenic zone. Moreover the innate bisexuality of mankind, and perhaps a constitutionally determined greater degree of activity, may account for the masculinity in some women that interferes with full erotic pleasure. Some evidence suggests the existence of neuroanatomical differences between the sexes and possibly between two individuals of the same sex. If these do exist, cortical influences may contribute to a greater or lesser intensity of orgasm in some women through facilitation or inhibition of a spinal reflex center.

Biological and cultural factors are not amenable to change through psychoanalysis but their psychic representation in the individual provides therapeutic opportunity. Of even greater interest to psychoanalysis are the predetermined, chiefly unconscious psychic processes accompanying the vicissitudes of

female psychosexual development. This development is the result of a series of interdependent genetic, dynamic, economic, and adaptive factors which make for fluctuation between the antitheses active-passive and masculine-feminine. Disturbance in one or more may disrupt orderly and harmonious development and cause impairment in the erotic life of women. Nevertheless, feminine development proceeds along a course forcefully predetermined by the biological destiny of motherhood unless strong disturbances are created in the aim and object of woman's libido by the powerful influence of primary objects. The girl's instinctual impulses in regard to these objects will give rise to conflict and affective upheavals which may determine frigidity as a defense.

However, this review of the literature seems to indicate that neither the compromise nature of frigidity as a symptom nor the metapsychology of orgasm or of frigidity has been adequately clarified. The converse proposition, that orgasmic discharge may have pathological implications in some women, has had insufficient attention. It appears, moreover, that some developmental vicissitudes do not give rise to conflict. There is the suggestion also that the erotic needs of some women find such gratification in their biological function of motherhood that specific orgasmic discharge is not required or missed. If they exist, differentiation of such conflict-free, relatively normal, frigid women from those in whom the frigidity is clearly pathological would throw light on important problems of sublimation and symptom-formation as well as on female sexuality.

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# A CLASSICAL ERROR IN FREUD'S 'THE INTERPRETATION OF DREAMS'

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A minor freudian slip seems to have escaped the eye not only of the great psychoanalyst but also of the editors of his epochal work, *The Interpretation of Dreams*. In the first edition and left uncorrected through all subsequent editions, including the definitive translation by James Strachey, we find the following:

This was the same method of treating a wish fulfilment as was adopted by the Parthian queen toward the Roman triumvir Crassus. Believing that he had embarked on his expedition out of love of gold, she ordered molten gold to be poured down his throat when he was dead. 'Now', she said, 'you have what you wanted' (3, p. 570).

Freud mistakenly substituted a Parthian queen for the Parthian king, Orodes, who, upon receiving the severed head of Crassus from his army commanders, is said to have ordered that molten gold be poured into its gaping mouth. All versions of the legend are quite clear on this matter and there is absolutely no literary or historical basis for Freud's slip.

The story first appears in the *Historiae* of Florus:

The head of Crassus was cut off and with his right hand was taken back to the king and treated with mockery which was not undeserved; for molten gold was poured into his gaping mouth, so that the dead and bloodless flesh of one whose heart had burned with lust for gold was itself burnt with gold (2, pp. 212-213; cf. 1, p. 447).

Since it is clear enough that Orodes performed the barbaric outrage, a question necessarily arises: why did Freud think that the retribution forced upon the dead Crassus for invading Parthia came from the hands of a queen rather than a king? This is particularly pertinent since Freud scrupulously corrected in *The Interpretation of Dreams* a series of other

blunders such as the matter of Schiller's birthplace (3, p. 456, n.), the confusion between Hasdrubal and Hamilcar (p. 197, n.), and Zeus as the castrator of Kronos (p. 256, n.).

Before analyzing the significance of this displacement from male to female on the part of Freud, we may point out that all ancient sources agree that after the battle of Carrhae (53 B.C.) the head and right arm of Crassus were cut off and sent to Orodes, King of Parthia. Nevertheless, according to Freud the molten gold was poured 'down his throat when he was dead'—a difficult job to perform on a neckless head. One surmises that Freud meant to say that the mouth of Crassus had been stuffed with gold; apparently castration anxiety aroused by the thought of a severed head gave rise to the fantasy that the victim's throat was still connected to his head (and presumably to his body).

The first observation that strikes us when we seek the motives behind Freud's mistake is the fact that the Parthian king is named Orodes, sometimes spelled Hyrodes. The similarity of this name to that of King Herod is immediately evident. We are acquainted with Freud's reference to Herod's legendary activities as a child killer. Wilhelm Fliess and Freud, while visiting the town of Breslau, noted a sign bearing the words, 'Doctor Herodes. Consulting hours: . . .'. Freud remarked to his Berlin friend, 'Let us hope that our colleague does not happen to be a children's doctor' (3, p. 443).

But Herod the Great is associated with massacre, poisoning, and assassination rather than with decapitation. His son, Herod Antipas, who was married to Herodias, is remembered for having ordered the beheading of John the Baptist. At her mother's behest, Salome enticed her stepfather into giving the fatal order. Both Josephus, the Jewish historian, (10, pp. 552-553), and the New Testament (5, 6) relate this story.

Freud (3, p. 334) has informed us of his early perusal of Josephus. When he thought of decapitation, his richly stocked mind immediately recalled John the Baptist. He confused the name of the Parthian king, Hyrodes, with the names of the principals involved in the execution of John—Herodias and



Herod Antipas. (Actually Herod Antipas never assumed the title of King but ruled, under Roman jurisdiction, as Tetrarch.)

Further, it seems plausible that Freud, reading Josephus, amalgamated Prince Herod Philip, the first husband of Herodias and father of Salome, with Herod Antipas, his half brother. Freud himself had an older half brother named Philipp, whom he utilized as a surrogate for his remotely known father, Jakob (9, p. 14). His consistent confusion about his own half brother, Philipp, may thus have triggered the error about Hyrodes and the fate of Crassus. In any event, he not only condensed the names of the participants in both deeds; he seems also to have imagined that, since a queen had instigated the murder of John, another queen might have motivated the action of Hyrodes. Apparently Freud believed it was she who poured molten gold into the mouth of the dead Crassus.

In this connection, we reflect that Freud's knowledge of Heine had undoubtedly kept in his unconscious the terrible picture of Herodias which the poet painted so threateningly, yet so lovingly:

*Schleudert sie das Haupt zuweilen  
Durch die Lüfte, kindisch lachend,  
Und sie fängt es sehr behende  
Wieder auf, wie einen Spielball.<sup>1</sup>*

If Freud had read of Herodias as depicted by the master lyricist, Heine, could he ever forget the sadistic question:

*Wird ein Weib das Haupt begehren  
Eines Manns, den sie nicht liebt?<sup>2</sup>*

Heine's meter must have acted like a trip hammer in impressing the name of Herodias, whose love demanded the head of

<sup>1</sup> Now and then with childish laughter  
She will hurl the gruesome burden  
Through the air, and catch it lightly  
And adroitly, like a plaything (7, p. 273).

<sup>2</sup> Will a woman ask the head  
Of a man she does not love? (*Ibid.*)

her 'beloved', upon the romantic brain of the young Freud. Only a shift of accent would be required to alter Hyrodes to Herodias and merge their images in his mind, since both are linked with decapitation and desecration of the dead.

Freud may also have arrived at his error by confounding Crassus, the plutocratic Roman, with Croesus, the exemplar of Asiatic wealth, for the names are indeed similar and both men are noted for their love of gold. Croesus, King of Lydia, was captured by Cyrus, King of the Persians, but was not put to death. Cyrus next waged war on the barbaric Massagetes of Scythia, led by their ferocious queen, Tomyris. Croesus went with his conqueror on this last expedition. Herodotus relates that, after the defeat of Cyrus,

Tomyris ordered a search to be made amongst the Persian dead for the body of Cyrus; and when it was found she flung his severed head into a skin which she had filled with human blood, and cried out as she committed this outrage: 'though I have conquered you and lived, yet you have ruined me by treacherously taking my son. See now—I fulfil my threat: you have your fill of blood' (8, p. 100).

Freud transferred the exultation of the Scythian queen to the Parthian king. This anecdote may have served as the model for Florus in his account of Crassus and the molten gold, with King Orodes taking the role of Queen Tomyris. Freud apparently knew both stories, but for his simile chose the tale of Crassus and the Parthians rather than the gory affair of Cyrus and the Scythians. It was not hard to link the two, however, by identifying Tomyris as a Parthian queen. He would have preferred the anecdote of the gold to the one depicting the horror of a head in a sack filled with human blood, finding the Crassus incident less exciting to his castration complex. At any rate, his mind set up a series of connected associations.

Another determinant of this error may be found in Plutarch's melodramatic version. The Parthian court at that time was situated in Armenia. According to Plutarch, a messenger bear-

ing the head of Crassus arrived from the battlefield at Carrhae while a performance of the *Bacchae* of Euripides was being staged. This drama concludes with the appearance on stage of Queen Agave bearing the head of her son, King Pentheus, which she has torn off in a Dionysiac orgy. In Plutarch's version, the Parthians gleefully substituted the head of Crassus for that of Pentheus (11, pp. 421, 423).

It would seem then that Freud was fascinated by the idea of a mother beheading a son. In the case of Pentheus it was the real mother, Agave; in the case of John the Baptist it was his queen, Herodias. Freud, indeed, found it difficult to connect decapitation with the wish of a man. Note his horror of the Medusa myth (4, pp. 273-274). Rather, he expected that a misanthropic mother would be guilty of such an atrocity. What is more natural than that he should shift the blame for the grim edict of Hyrodes to a Parthian queen? Freud's classical fantasies amalgamated the three villainesses, Herodias, Tomyris, and Agave, into a creation of his own imagination, a Parthian queen, instead of ascribing the fearful act of castration to a man, namely, Hyrodes, whom he equated with Herod the Great, butcher of male children.

On the other hand, a series of unconscious condensations might be established which would demonstrate that Freud suffered from ambivalence about the possible source of castration. For example, the activating force in the decapitation of John was the stepdaughter of Herod Antipas, Salome. Her name is merely the Aramaic feminine form of Schlomo, Freud's own Hebrew given name. (In the Bible, King Solomon [another version of Schlomo] commanded a child to be split in half.) Thus a scheme would show:

|                 |   |                       |
|-----------------|---|-----------------------|
| Herod the Great | = | Jakob Freud           |
| Herod Philip    | = | Philipp Freud         |
| Salome          | = | Schlomo Sigmund Freud |

This geneological table indicates that a castration threat also came from his half brother and father surrogate, Philipp Freud.

A friend has pointed out to me that there is a common Jewish saying to the effect that a child is fortunate when 'they have poured gold down his throat'. In checking the possibility that Freud's family relations lay at the root of the error under discussion here, I discovered that the proverb was current in the Moravian area where Freud spent the first three years of his life. The ideational content of this proverb constitutes an inversion of the basic theme we have examined, for a child to whom gold is fed is expected to have good luck. In Freud's simile of Crassus he showed wish fulfilment turning into the opposite of the heart's desire. Furthermore, we are aware that Freud's beloved mother, Amalie, referred to him even late in life as '*mein goldener Sigi*'. When we also remember that a good speaker is commonly said to possess 'a golden tongue' and that Freud's first name means 'victorious mouth', we might possibly ascribe to Freud unconscious feelings associating success with a golden mouth, tongue, or throat. The tale of Crassus would then have excited Freud's repressed fears and fantasies concerning wealth. The person pouring the gold into the child undoubtedly symbolized the nourishing mother; so again we can see where Freud would ascribe the act to a woman rather than to a man.

One hesitates to seek deeper familial motives in attempting to analyze the cause of his error which has been printed, as we have noted, without criticism or correction until the present.

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# CHEMICAL HOMOLOGUE OF THE MODEL PRESENTED IN FREUD'S 'PROJECT'

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## INTRODUCTION

Recent years have seen an increasing variety of efforts to simulate diverse aspects of the behavior of organisms. Among the most promising of these efforts have been those aimed at an understanding of human mental processes in machine terms. The explosive development of electronic computer and control technology in the past two decades has led to simulations of such processes as learning, perception, and adaptation. These have proceeded apace, following the logic and structure of computer and control circuitry. There is no need here to summarize the rapidly accumulating store of research in the area that has come to be known as *artificial intelligence*. Excellent surveys and transactions of symposia are readily available, including those of Bernard and Kare (1), Minsky (12), Muses (15), and Yovits and Cameron (17).

Significant progress in the duplication of mental behavior, of course, depends largely upon the development of a unified, detailed energy model of behavior which includes the motivational basis of behavior. Conversely, of course, the specification of models shaped around the physical concepts of energy and energetic interactions is aided by the attitudes developed in computer and control technology. On this question, a survey of the research in artificial intelligence reveals, in my opinion, a quite apparent lack of progress toward a unified outlook—that is, one which integrates the diversity of behavioral effects in a dynamic pattern with their causes. Yet behavioral models

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that promise such a unified outlook do indeed exist in the literature of classical psychology. This is not to suggest that the mind-brain problem has been resolved or that it will be settled here, but particular theories in a limited way do provide a unified framework for the guidance and interpretation of research. Rather than to employ such models, the temptation apparently has been to invent isolated solutions to isolated problems. The result of these limited perspectives, with few exceptions, has been the mass production of analogues which incorporate a few isolated behavioral and physiological 'facts', but which make barely noticeable contributions to basic knowledge and have only marginal technological value.

Of the several theories of the motivation and basis of psychological behavior, only four make explicit reference to behavioral *forces* or *impulses* which can be construed as having direct correspondence with classical physical concepts of energy (7). Such models are translatable potentially into tangible machine (nervous system) components. Four workers—Freud, Tinbergen, Lorenz, and McDougall—have conceived such energy models of motivation. But only Freud has oriented the model neurologically and has pictured the functions that underlie behavior in terms that should be clear (although possibly disagreeable) to neurophysiologist, physicist, or engineer.

In this paper we have taken our cue from an essay of Freud's published in English only recently, *Project for a Scientific Psychology* (5), to provide us with a unified behavioral framework for a neurone network model; this network model is based upon the kinetic model of chemical reaction systems. The interpretation of the kinetic model as a stimulus-response, self-regulating mechanism reveals a significant similarity between Freud's neurological systems dynamics and the nature of open chemical reaction systems (from the point of view of formal kinetics). This interpretation is central to the theme of the coalition of the tangible energy model of Freud's behavioral theory with a formal chemical reaction system model.

In superficial appearance these two models seem antithetical

in origin and mode of description, but closer observation discloses much in common. In both models the hydraulic analogy plays a heuristic role; the energy which impels (motivates) behavior in Freud's theory 'flows' through the nervous system like a fluid, branching on alternative paths according to rules that quite resemble Kirchoff's law for electrical circuits. Similarly, chemical reactants increase and decrease in their mass much as a fluctuating quantity of fluid flows past a given point in a complex piping system that has variably set valve openings, reservoirs, and drains. As will be shown later, formal kinetics expresses the behavior in time of reaction systems in terms of concentrations of reactants and rate constants. These rate constants may be viewed as analogous to conductance in an electrical circuit. While it is not a formal mathematical formulation, Freud's model derives a broad dynamic pattern of psychological phenomena in terms of the accumulation of energetic quantities and the displacement of these quantities over pathways (in the nervous system) offering a variety of resistances.

The coalition that is being attempted has two virtues: (a) Freud's model, for better or worse, organizes the complexities of human personality development from the point of view of an economical, neurologically based number of quite primitive assumptions and provides a testable structure for experimentation within a unified system; (b) it is reasonable to assume that every manifestation of organism activity is ultimately derivable from models of chemical reaction systems, since chemical reaction networks appear to be at the root of all organismic function. And a chemical kinetic model of neurological systems would lead to a homologue rather than to an analogue of behavior. We use the word homologue in its biological sense.

Freudian theory has its supporters and detractors, probably the latter predominating, and it has never, to my knowledge, enjoyed any status whatsoever in cybernetics research. Bernhard (2) and Kubie (10) have tried somewhat to bring the psychoanalytic point of view to the attention of cyberneticists but without noticeable success. This point of view retains an unearned



stigma although few in the field seem to be aware of its precepts. Here we shall give only a very brief review of Freud's model, in order to provide a background for discourse on the unification of this motivational theory and the model of neurone networks.

It is unnecessary to comment on the philosophical and technical complexities of the problem with which we are dealing; indeed no comment such as could be entered here can possibly rise to the occasion. However, we must anticipate possible future objections to the sketchiness of the chemical kinetic homologue of a neurone network. Indeed the use of the word homologue may appear pretentious to some. The model has not been challenged, at this point in its development, to incorporate certain details of behavior without which, admittedly, no model could be called anything more than inadequate. Here we aim first to resist the strategic error of defining isolated particulars without providing the supporting structure of an integrated system, and then to elucidate the nature of a structure that could lead to an adequate model, without pretending that we can now offer this model.

### ENERGETIC BASIS OF FREUD'S MODEL

To account for the human organism as a spontaneously active intellectual machine rather than as a clockwork passively reacting to external stimuli, it is reasonable to suppose the influence of instinctual stimuli, i.e., genetically given, internally derived, energetic quantities motivating psychological units of behavior. These instinctual systems reside in organs or neural complexes either outside or inside the brain or in some combination of both, depending upon the particular theory to which one is devoted. The tangible patterns of interaction between these a priori sources of excitation and this-or-that region of the brain are the propulsive bases of all manifestations of behavior observed on psychological scales. Instinctual stimuli must play the role—quite literally—of the power source or battery for the neurone network that, presumably, immediately underlies this behavior.

If one can speak of the aim of an instinctual stimulus, it becomes possible to construct a motivational theory. How sophisticated can one permit these instinctual organizations to be? Surely they must be sufficiently primitive and biologically based if they are not to beg further description. On this point Freud's model parts company with behavioral theories that list as instinctual already rather elaborately developed psychological systems such as instincts of acquisitiveness, curiosity, or play (14). Freud's model argues only for the importance of organ systems outside the brain region as the instinctual sources of energetic excitations, the aim of these systems being the release or discharge of this excitation in the fashion of the reflex arc. The release of excitation is defined as *gratification*. Then every aspect of what we call *thought*, as a behavioral phenomenon, must be expressed as a function of the postulated aim of instinctual systems for gratification. Such expression forms the central dogma of Freud's model; its roots lie in the logic of the distinction between external and internal stimuli (3, 4, 5).

To begin with, stimuli of instinctual origin, being initiated internally, cannot be avoided; no 'flight' can either permit escape or minimize these excitations. This is explained as standing in contrast to exteroceptive stimuli which act as relatively temporary or momentary impacts on the peripheral sensory receptors. For this reason, instinctual stimuli have a quite different effect on the organism from that of stimuli originating in the external environment.

In Freud's terms the primary function of the nervous system is the discharge, through motor function or motility in general, of all excitation. The primary function therefore aims at gratification in the fashion of a reflex arc, which is the prototype of all behavior. In the case of endogenous stimuli, however, only special types of action provide gratification, because special objects are required in the environment (for example, food or a sexual object). Thus the system is compelled to adopt strategies other than the reflex arc to obtain release and satisfy the 'principle of neuronal inertia' (5); in other words, neurones tend to divest themselves of excitation and to return to states

of inactivity. The secondary function of the nervous system appears in the absence of successful release through the regressive (primary) path. These circumnavigations of the reflex arc are the foundations of thought; that is, thought is substitute gratification. The secondary function is compromise activity, minimizing rather than fully discharging the level of excitation in the brain due to instinctual stimuli. Therefore the characteristic of the secondary function is the toleration and storage of internal stimulus energy until a specific action of gratification is successful.

The tangible nature of the motivating energy in this model cannot be mistaken. Endogenously derived stimuli cause a pattern of excited neurones in the brain. These Freud (5) called the 'nuclear neurones', and their sustained activity he defined as 'will', the driving force of psychical activity. The neurone of Freud's definition (*circa* 1898) has the same functional properties as those employed in the numerous neurone network analogues currently being contemplated. These analogues also have thresholds in the form of *contact barriers*, and *memory* is defined as the now familiar distributed pattern of permanent changes in a measurable parameter (resistance) in the contact barriers, such changes being brought about by stimulation. These changes alter the resistances in neural pathways so that excitation is displaced from point to point in the network in inverse proportion to a path's resistance, the sum of excitations being conserved on branching paths in the fashion of Kirchoff's law for electrical circuits.

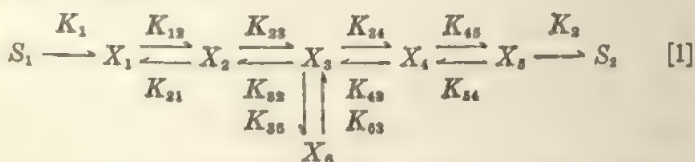
Ostow (16) has discussed the neurophysiological correlates of this model with some supporting evidence from comparative anatomy, pathology, and the action of tranquilizing drugs. He speculates that the *globus pallidus* is the location of these 'nuclear neurones'. The foregoing remarks are in sharp contrast to the very broadly accepted supposition that forces in Freud's model are a vague and ethereal fiction, that an intangible 'behavioral energy' has been confused with a physical energy (7). It is difficult to understand how this misunderstanding came

about and still persists. To proceed further with the details of this model would violate our previously stated purpose, and the interested reader is referred to the already quoted literature on this subject.

We turn our attention now to the framework of a neurone network model which considers the brain as a system provided with a 'source' of motivating energy (instinctual stimuli) and a 'sink' (motor system) for its energy 'dump'; such a system is homologous with the kinetic model of an open chemical reaction system. The nature of this homology is discussed below.

### HOMOLOGUE OF A NEURONE NETWORK

Hyden's postulate on the basis of a neuronal network function (8) starts with the fact that nucleoproteins are produced increasingly by neural activity and with the assumption that this protein production is as characteristic a quantity for the neurone as is its production and propagation of electrical impulse. To follow this line of reasoning, consider a large number of chemical reactants (components) coupled by patterns of reaction paths and homologous with a network of neurones and its pattern of propagating signals. For convenience of illustration, consider a quite simple open reaction system, one consisting of unimolecular, reversible reactions, a 'source' component, and a 'sink' component. This system is illustrated by equation [1] below.



The flux of the source component,  $S_1$ , into the system of reversible reactions,  $X_1 \rightleftharpoons X_2 \rightleftharpoons \dots \rightleftharpoons X_6$ , is irreversible and an arbitrary function of time. The excretory step,  $X_5 \rightarrow S_2$ , also is irreversible. The  $K$ 's are rate constants; e.g.,  $K_{12}$  for the forward reaction  $X_1 \rightarrow X_2$  and  $K_{21}$  for the backward reaction



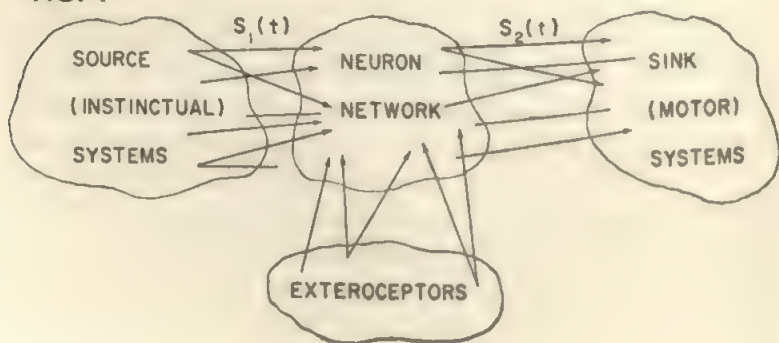
$X_2 \rightarrow X_1$ . Ordinarily, in neurone network models one speaks of the intensity of a signal observed at a neurone site (input or output), i.e., of some measurable quantity associated with the function of the network. In the kinetic model, however, we will speak rather of the concentration of reactants  $X_1$ ,  $X_2$ , etc., and this will be understood to refer to a measurable quantity at the site of neurone 1, neurone 2, etc. Thus  $X_1$  is *signal concentration* at neurone 1,  $X_2$  the signal concentration at neurone 2, etc. To avoid introducing a new vocabulary, we will retain the terminology of chemical kinetics, with the reminder that 'reaction paths' take the role of neural fibers and chemical component concentrations, the role of signal levels at neurones. To pursue for a moment the electrical circuit interpretation of equation [1], a rate constant, e.g.,  $K_{12}$ , may be considered as the conductance in the path  $X_1 \rightarrow X_2$ , while  $K_{21}$  is a conductance in the path  $X_2 \rightarrow X_1$ . The logic of this interpretation is apparent from the kinetic equations [2] to follow, and these constants can be seen to be quantities associated with Freud's *contact barriers* (synapses).

Aside from the possibility of introducing higher order kinetics by considering multimolecular reactions, e.g.,  $X_1 + X_2 \rightleftharpoons X_3 + X_4$ , etc., with more complex schemes, the network chosen for illustrative convenience (equation [1]) has to be elaborated enormously to approach the lowest limit of reality. We should require many source inputs of the  $S_1$  type corresponding to patterns of stimuli from instinctual systems in Freud's model, and many outputs of the  $S_2$  type that would correspond to patterns of excitation directed to motor systems (which include all motile modes, such as limb movements, speech, and vascular and gastrointestinal motilities). We should need a means of sensory data transmission from exteroceptors, but this has not been shown, although all that is needed in this regard are mechanisms for changing concentrations  $X_1$ ,  $X_2$ , etc., by external stimuli. A schematic elaboration of equation [1] is shown in Figure I. Comment on this picture will be made later.



polynomials in  $t$ . In electrical circuit theory the parts of the solution involving the initial values  $a_1, \dots, a_6$  are called *transients*, since in circuitry problems the  $\lambda$ 's contain a negative real part due to electrical resistance so that these terms become negligible as time increases. The terms involving the integral of  $\theta(t)$  describe the conditions after transients have become negligible. In general these latter terms are similar to  $\theta(t)$  (13). Whether or not the chemical reaction network exhibits transient behavior for a steady flux of  $S_1$  into the system depends upon the magnitudes of the rate constants in equation [2]. Indeed it may happen that for a given complement of rate constants the values of certain variables increase without limit. Assuming however that the system of illustration in fact converges in all its variables to a steady state for all finite inputs, we may stress for our purposes that the same steady state is reached from all starting concentrations of reactants and that this state depends only on the rate constants and  $\theta(t)$ . In the complete absence of flux of  $S_1$  no steady state can be 'supported'. Hence, for a fixed 'motivation',  $\theta(t)$ , the values of the rate constants provide a 'remembered' state, the steady state which suggests that 'memory' can be defined by an appropriate matrix of rate constants. Changes in rate constants can be postulated to occur in different reaction paths due to single or repeated 'stimulation' of a neurone; this stimulation may originate in a 'source' pattern or in a pattern of exteroceptor excitations (see Figure I).

FIG. 1



Rate constant changes amount to enzyme (catalyst) concentration changes in biochemical reaction systems. The significance of catalysis in open reaction systems extends beyond the matter of reducing activation energy and hastening reaction. More than this, catalyst concentrations dictate the time course of variation of reactants' concentrations and, finally, the steady state structure of the system. Indeed the genetic control of biological structure has been discussed elsewhere precisely in these terms; that is, the genotype dictates the enzyme complement through a hierarchy of chemical reactions, thereby fixing the rate constant magnitudes in the organism (9). In this light, let us review the previous postulate concerning the mechanism of memory: does repeated stimulation of a neurone produce ultimately a permanent change in enzyme concentration and consequently new transient and steady state distributions of concentration of reactants (signal levels) in regions of the network? We will assume in fact that this is the case; memory of particular stimulus patterns consists of more or less characteristic patterns of increase in rate constant magnitude and therefore more or less typical distribution of signal levels in the steady state.

At this point let us pause momentarily and fix our current position by reference to Figure I. The fluxes of instinctual excitation appear as patterns of inputs of the type exemplified by  $\theta(t)$ ; this patterned flux provides the motivational basis of the system. (This set of 'sources' then corresponds to the *id* of the freudian description.) Exteroceptor stimuli impinge upon a neurone network which has been pictured as a chemical reaction network. In the figure, the area called the 'neurone network' is that region in which memories, percepts, etc, are stored by aid of the mechanism of rate constant changes outlined above. This region must be the repository of 'learning' and the effects of contacts with the external environment, i.e., the *ego* in Freud's model (*circa* 1896).

In a large network of reactions, it is difficult to predict just what variety of steady state (or transient) effects ensues from a change in magnitude of the rate constants for certain steps in

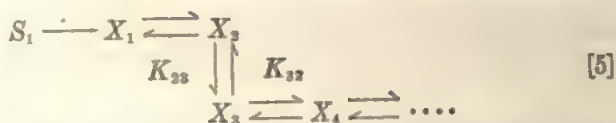


the reaction. The behavior of the concentration of a reactant does not depend upon all rate constants but only upon some proportion of them. Thus certain reactant concentrations may remain unchanged in the steady state although rate constants in the region of a reaction involving this reactant have been changed. This is the phenomenon of 'buffering'. To look back at the note on genetic control, a given gene change does not alter all the characteristics of an organism; many changes are buffered out by the structure of the reaction system.

In a network which must respond more or less differently to more or less different stimuli, a given 'response' in the form of a steady state distribution of reactant concentrations must be preserved against the effects of subsequent rate constant changes which are due to subsequent, different stimuli. Some strategies of buffering, aside from the kind mentioned above, can be applied to the task of isolating or limiting the effect of rate constant changes to the 'neighborhood' of a directly affected reaction step. Here is one such strategy: consider equation [4] below, where we shall regard the reaction system as a



collection of subsystems connected by irreversible steps. It is clear that in the steady state supported by a steady flux of  $S_1$  into the subsystem  $X_1 \rightleftharpoons X_2 \rightleftharpoons X_3$ , the flux of matter (or signal) leaving each subsystem must be equal to the flux of  $S_1$ . Rate constant changes anywhere within a subsystem will therefore have effects isolated to that subsystem in the steady state. Another somewhat similar strategy with additional virtues can be based upon the connection of subsystems of reactions through insoluble components rather than by irreversible steps. This mechanism provides a buffering against transient phenomena, acting, so to speak, as an inertial mass that resists the change of state in a region. Consider the collection of subsystems in equation [5]. Here  $X_3$  is an insoluble component transforming into  $X_2$  at a constant rate,  $C_0$ , while  $X_2$  is a soluble component trans-



forming at a rate in proportion to its instantaneous concentration. To demonstrate we will ignore all reactants save  $X_2$  and  $X_3$ ; the kinetic equations for this single step are

$$\dot{X}_2 = -K_{21}X_2 + C_0 \quad [6]$$

$$\dot{X}_3 = K_{12}X_2 - C_0$$

Since  $X_3$  transforms at a constant rate, an increase in  $X_2$  causing  $X_3$  to increase will not cause the subsequent increased tendency of  $X_3$  to convert to  $X_2$  that it would cause were  $X_3$  soluble. Therefore the concentration changes in  $X_3$  lag behind changes in  $X_2$  and the neighboring reactants. In the absence of a flux of  $S_1$  this inertial property of the insoluble component will maintain activity in other subsystems (e.g.,  $X_4 \rightleftharpoons \dots$ ) for a longer period of time than activity could be maintained in the absence of insoluble components—*acting then as a short-term memory of transient behavior in neighboring subsystems.*

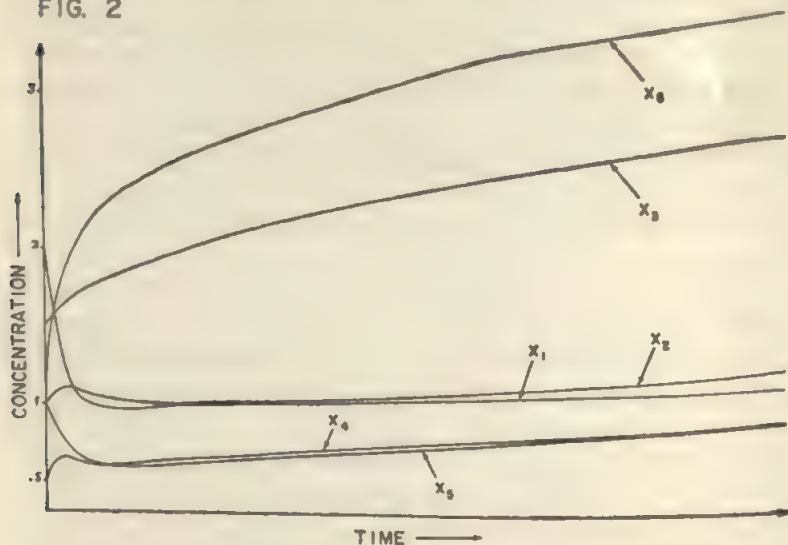
As has been emphasized above, all the steady state concentrations depend upon  $\theta(t)$  (see equation [3]); any alteration of the pattern of fluxes from the 'source' (see Figure I) will cause either a suspension of activity in the affected regions of the network or a new steady state activity in other regions after transients have become negligible. The shifting of the instinctual excitation pattern from one source pattern to another will withdraw 'primary' stimulation from some regions of the network and displace it to other regions. These new regions either will have been inactive previously in a steady state or in the midst of transient behavior. In any case, a new transient is instituted which reflects the interaction of motivational patterns with the 'past' or current state of the network. A new steady state may possibly be reached if there is 'successful' excretion into the 'sink' (motor system). Unsuccessful 'discharge' must lead to continuing transients that reflect 'thought', i.e., the seeking of

gratification. (The model cannot at this time offer the mechanisms for these procedures, which themselves require research and further specification.)

A quite simple illustration of buffering (requisite for the memory capacity) was constructed using the reaction system in equation [1]. This example should acquaint the reader who is unfamiliar with chemical kinetics with the rudimentary behavior of a simple unimolecular system—and therefore with the behavior of a homologous neurone network.

A fixed set of initial reactant concentrations and a steady unit flux of  $S_1$  into the system were taken. In Figure 2 the system

FIG. 2



was 'let go' with a fixed enzyme complement and reached a steady state, at least to within only a few percent of the asymptotic values of the variables. In Figure 3 a rate constant change in the step  $X_2 \rightleftharpoons X_3$  results in a transient behavior somewhat different from that shown in Figure 2; but the approximate steady values of  $X_3$ ,  $X_4$ , and  $X_6$  remain unchanged. It is important to note here that rate constant changes are made with

FIG. 3

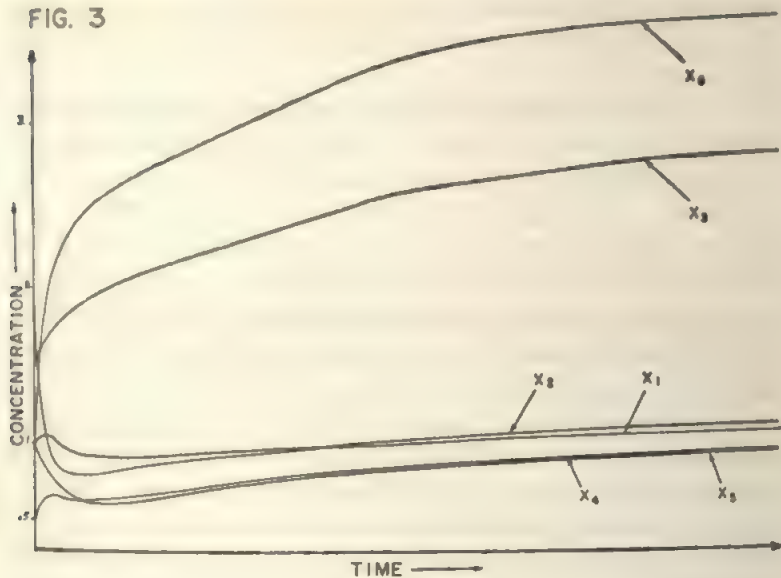
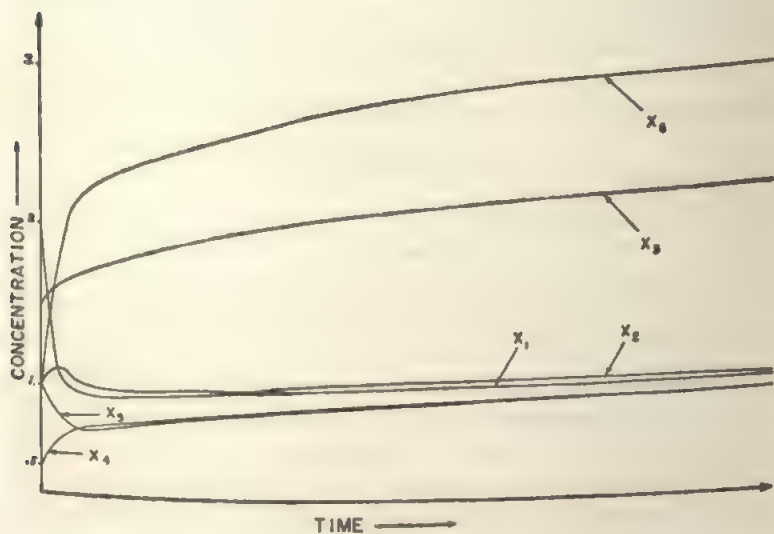


FIG. 4





the constraint that the ratio of forward and backward constants must remain invariant (6). In Figure 4 the system is released with a rate change in the step  $X_3 \rightarrow X_4$ ; the consequent transient gives way to steady state conditions in which  $X_3$  and  $X_4$  remain unchanged (to within a part in a few millions) with respect to their final values in Figures 2 and 3. This reaction structure then has buffered out the effects of these two single rate changes on  $X_3$  and  $X_4$ . In much larger structures containing large numbers of reactants and irreversible processes, a more realistic and interesting test of the memory capacity can be made. These tests must involve the change of many rate constants throughout the reaction system.

We must not give the impression that the transient behavior is unimportant, as it is most frequently in electrical circuit theory. The transient evolution of the system toward the steady state reflects the *current* state of the system through the concentrations of various reactants when a disturbance (stimulus) arises and, further, by way of rate constant values, reflects the effect of a stimulus on the *history* of the network. Preliminary thought has been given to the question of 'reading' transient behavior over large regions of a network. In this regard the already mentioned insoluble components may play a role, since they have been seen to follow the transient changes in their neighborhoods and act as short-term memory of transients.

## DISCUSSION

In elucidating the structure underlying a unified model of brain function, we have refrained from comment on the wealth of isolated behavioral properties usually described in the literature of cybernetics and have concentrated on the broad foundations of the model. These foundations rest in the consideration of two homologies: the flow of motivational energy is homologous with the flow of mass in an open system of coupled chemical reactions, and this flow is homologous with 'signal' flow in a neurone network. The virtue of this unification is its possession of two important characteristics: (a) the chemical model

seems to be the 'natural' context for any description of the behavior of the organisms, and (b) Freud's motivational model develops a wide variety of behavioral effects from first principles that avoid prejudicing the system with preformed, elaborate intellectual capacities.

The mechanism of enzyme concentration (and rate constant) change remains unspecified; the implication is only that somehow stimuli act through reactant concentration changes to effect the required alteration of catalyst levels. With a considerable increase in complexity—unwarranted now in my opinion—the rate constants could be made time-varying, depending upon the history of the stimulus-inputs to the neurone network. To what extent do the suppositions regarding catalyst concentration change and reversible reactions meet with observed data? To my knowledge, aside from the role of acetylcholinesterase in muscle innervation, no enzymatic basis for the function of the central nervous system has been proposed, nor have enzyme systems been related to the permanent changes in neurone properties which would have to be associated with memory, learning, etc. As for the question of reversibility, Lorente de No (*11*) reported a 'law' of reciprocal connections for neurones. Further comment on these subjects cannot be made in this paper.

### SUMMARY

Freud's view of the functional structures that underlie behavior rather closely resembles the kinetics of an open, catalyzed chemical reaction. A chemical reaction system of this sort is strikingly homologous to the network of coupled neurones that determines behavior. Chemical concentration in the reaction corresponds to signal intensity at the neurone. The control and the 'memory' of such a system depends on the concentration of catalyst in the same way that the development and later steady state of biological systems depend upon enzyme concentrations. Changes in concentration of the catalyst are brought about by changes in input of reactants comparable to changes in the stimuli to the

neurone. The 'response' of the chemical system is change in the distribution of concentrations of transient and steady state reactants, and this 'response' resembles the response of the network of neurones to stimuli.

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# MASTERY OF FEAR IN PSYCHOANALYSIS

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## I

When neurotic fears lead to avoidance of tasks, instinctual satisfaction may be seriously curtailed. Such avoidance may deprive the individual not only of what Hendrick (7) refers to as 'work pleasure' but also of the pleasure of satisfying libido and aggression either directly or through meeting the demands of the ego ideal. Some resolution, some mastery of the underlying fears may be necessary in order to achieve a satisfactory therapeutic result by psychoanalysis. The therapeutic steps necessary to overcome these fears may constitute a highly complex and variable analytic process, certain phases of which can, however, be delineated.

Avoidance of a feared task is often initially unconscious and comes to the attention of the analyst only because certain activities are conspicuously absent. The pattern of avoidance itself in such cases must be brought to consciousness. Yet even when this pattern is made conscious, the fears that cause it may still be unconscious; the patient denies his fears and uses a variety of rationalizations to justify his avoidance and conceal the underlying fears.

As the fears are next brought to consciousness, the individual may become ready to proceed to an understanding of their genetic bases. Characteristically they originate in early childhood and arise from unconscious expectation of re-experiencing intense emotional discomfort in execution of a task associated with early painful experience. For example, a student may avoid study of biology because he unconsciously fears re-experiencing

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intense disgust of learning about bodily functions. Another student is caused to avoid athletics by unconscious fear of re-experiencing injury and intense pain.

As insight into the fears is acquired, they tend to diminish in intensity, but may not disappear even though the patient realizes that his fears pertain to the past and are now unrealistic. He still avoids the task and continues to use a variety of rationalizations for doing so. He may even argue that since further analysis should completely eradicate his fears, he may as well wait until this result is achieved before undertaking the task. Through clarification of such defenses, however, a new attitude may eventually develop, in which the analytic process is seen not only as a means of understanding his fears and their causes but also as a means of facilitating efforts to undertake certain tasks in spite of residual fears with the knowledge that, if such efforts are made with some understanding of the emotional factors involved, increased mastery of the fears may result. When a patient begins to realize that no matter how much analysis he has had he may still have to face certain fears in order to help resolve them, a new approach to such fears may arise, one that is active rather than passive.

In the process of analyzing avoidance of feared tasks it is not uncommon for a patient to think of childhood experiences in which similar avoidance occurred, together with other occasions when a feared task was faced and mastered. For example, a patient who repeatedly avoided reciting in grammar school eventually faced that fear in high school and found that he could tolerate his self-consciousness and embarrassment much better than he had expected. His fear diminished and he became more free to participate in a variety of group activities. Such an experience may help to prepare the patient for his new efforts to master his fears during the analytic process.

Once a patient is ready to tolerate his fears long enough to execute a task and test the consequences, he is ready to find through a new experience whether his fears can be actively mastered. If he finds that the unpleasant consequences he has

foreseen simply do not occur or can be prevented from occurring, his fears will tend to diminish and he will then be more free to repeat the task as often as he wishes.

## II

A nineteen-year-old girl in her third year of college was untidy and disorganized when she entered analysis. She had been depressed for several years and had attempted suicide three years previously by cutting her wrists and taking an overdose of sleeping pills. Early in analysis the patient complained one day of a cold, saying that she could not study and spent her time lying around her room waiting for the cold to go away or running to friends in the hope of diverting her attention from her suffering. I asked whether she had considered taking medicine to relieve her symptoms. She said she did not believe in taking medicine for such a trivial illness, and she was sure medicine would not help. It became apparent that she was afraid of medicine, partly because it reminded her of her suicidal attempt, partly because she feared being injured by drugs, and partly because she was afraid that she would not be able to control her impulse to take more and more medication once she started to 'dope myself up'. Through clarification of these fears she acquired additional insight into her tendency to avoid active efforts to deal with certain problems because of irrational fears.

In the following hour she informed me with pleasure that she had begun to take aspirin and felt better; the unpleasant effects expected from medicine did not occur and she was now less fearful of it. She had also learned that she could control her taking medicine. Thereafter she showed less fear of seeking other appropriate means of relieving unpleasant symptoms.

During another hour this patient mentioned that she had been asked to inspect some dormitory rooms, a task she strongly resented. She remarked, 'If people want to live in a pigsty, they should be allowed to do so'. This subject led to discussion of her reluctance to keep her own room clean. She claimed that her mother's standard of tidiness was excessive, and she rebelled at

an early age against her mother's efforts to get her to clean her room. She was still rebelling. On another occasion she stated that she was planning to go to a dance but wished she had not accepted the invitation because she was self-conscious at parties and felt like a child among a group of grownups. She then revealed that she felt embarrassed when wearing grown-up clothes and she rarely used cosmetics. Furthermore, she had always let her mother buy clothes for her and had no confidence in her own ability to make appropriate selections. Discussion of these matters led to closer examination of her feelings toward her mother. On the surface she felt that she did not want to be like her mother, but at a deeper level she was intensely envious of her. It became apparent that during the oedipal period the patient had shown strong attachment to her father and intense competitiveness toward her mother. But she soon became ashamed of her sexual fantasies about her father and repressed them completely. This repression spread to include her competition with her mother, in place of which she substituted intense rebellion. She was left with an unconscious fear of competing with her mother since such behavior might reveal the nature and intensity of her attachment to her father. When she understood this fear and realized that it had prevented her from developing some of her talents, there was a dramatic change. Her rebellion began to dissolve; she spontaneously cleaned her room and began to acquire habits of orderliness. She started to use cosmetics and to shop alone for her clothes. At first she bought only small articles but eventually chose her entire wardrobe. She enjoyed these tasks and soon developed a sense of pride in her appearance, which improved in the following months.

During another session she was discussing her habits of chewing at her fingers and biting her fingernails. When asked if she had tried to control these habits, she said she did not care to stop them but was sure she could do so if she wanted. She was told that she seemed to be adopting an attitude of confidence about controlling these actions in the future in order to avoid

having to analyze her difficulty in controlling them in the present. It then became evident that she considered these habits valuable means of draining off tension and that she was afraid to check them lest her depression increase. After this she decided to test her ability to restrain these impulses, a decision that necessitated facing her fear of instituting controls. In the next hour she triumphantly stated that she had stopped chewing at her fingers and biting her fingernails and that nothing serious had resulted. In subsequent weeks she was pleased to find that she was able to maintain this control without experiencing unbearable tension and that the urge to return to these oral activities gradually diminished.

She also showed reluctance to face certain fears by her unwillingness to reveal sexual fantasies to the analyst. For several months she maintained that she could not do this and that there was no point in her even trying. It was clear that she was afraid of experiencing intense shame if she related these fantasies which, as I found out later, concerned being kidnapped, tortured, and raped, and which often accompanied masturbation. Through analysis she became more conscious of her fear that she would experience intolerable shame if she exposed her sexual fantasies to the analyst. She was also brought to realize that her fear of self-exposure had contributed to her difficulties in many other situations in the past and that, by yielding to this fear in the analysis, she was depriving herself of the opportunity to work out her problems. She then began to face her fear directly by speaking out in spite of her shame. At first she merely outlined the sexual fantasies, adding details only if pressed to do so. However as time went on she related the details spontaneously and was surprised and pleased to find how well she could tolerate the shame. Her fear of self-exposure diminished both in analysis and when talking with others.

This patient acquired mastery of many other fears. For example, she became able to go for help to strangers instead of calling upon an old friend for assistance in such a minor task as arranging to have her phonograph repaired. During analysis



she began to use the telephone more frequently, thus coming to know more people.

The patient made efforts not only in doing new things, but also in not doing old things. And as she mastered her fear of shame she became less awkward and self-conscious. She obtained new sources of pleasure, such as satisfaction of exhibitionistic impulses in socially acceptable ways and of narcissistic aspirations by a sense of increased competence. These satisfactions helped to counteract her depressed state.

In the treatment of the above-mentioned patient considerable effort was made to investigate her pattern of rebellion against her mother. This effort was directed toward analyzing not only the genetic sources of this pattern but also the ways in which it was still playing itself out.

Rebellion in childhood may persist into the new conflicts of adult life. Though it may originate as a healthy protection against overwhelming tension, unfortunately the growing child may acquire his sense of strength from his rebellion itself rather than from active efforts to improve his useful skills. Furthermore, the rebellion may include a powerful resistance to the internalization of those commands and prohibitions that contribute to a mature superego. In some instances the rebellion appears as 'choice of the Negative Identity' (5), or 'total identification with that which one is least supposed to be'.

Rebellious people usually resent the demands of authority and may complain that they are being treated like children especially when they are being encouraged to behave like adults. This complaint frequently covers the wish to remain a child and to be spared the emotional discomforts of adult tasks. The patient can usually be shown that he gains a sense of strength from defiance and that underlying it are childhood fears of experiencing pain. He can also become aware that his rebellion may have deprived him of the opportunity of developing a variety of useful and gratifying talents which he cannot develop until he undertakes certain tasks that mobilize painful feelings. Such feelings can frequently be faced in small doses

rather than overwhelmingly as in childhood, and expected suffering is thus avoided. That painful feelings such as shame can be well tolerated when they are experienced in small doses can be a dramatic insight, as may also the knowledge that one can find ways of avoiding such feelings as one gains familiarity with the new task. Thus the patient becomes ready to attempt feared tasks.

### III

In many patients fear of criticism plays an important role in the avoidance of certain tasks. A twenty-year-old girl, who had rarely done any routine chores at home, largely restricted her activity to her studies when she went away to college. In analysis it became clear that this pattern had originated in early childhood; whenever she had attempted to help at home she thought that her mother was critical of her performance, and this criticism seemed to her a threat of desertion. She thus developed intense fear of her mother's disapproval, and this fear led to a variety of inhibitions.

When she understood the nature of her fear, she also saw that by yielding to it she had foregone acquiring many skills and therefore had little choice but to remain dependent upon her mother. She now became ready to try all sorts of new things in spite of her fear, and as she progressed in these areas she gained further confidence that she could progress in other ways too. She started doing her own shopping, sewing, and cooking. She had dates more often and made more friends. She also expressed her thoughts more freely and her writing improved. Her gradual acquisition of new abilities diminished her fear of her mother's disapproval.

### IV

Development in childhood and adolescence is furthered by sexual exploration of oneself and others in play. When such play is forbidden by others or by the child's own scruples, restriction of sexual activity may arise and may persist into adult life. To overcome this restriction, analysis of the patient's unconscious

fears of sexual activity may have to be followed by an active process in which residual fears are faced by sexual activity.

A young man in his second year of college had had but two dates in his life, was terrified of girls, and had never tried to kiss one. He knew little about sexual matters and said he had never examined his genitals nor masturbated. He had intense castration anxiety and bemoaned the fact that he had only one penis whereas so many other organs come in pairs. His exhibitionistic and scopophilic impulses were subject to severe inhibition, dating, he believed, from the age of seven when he was ridiculed by a group of boys and girls for removing his bathing suit before them on the beach. After that he carefully avoided exposing his genitals to anyone and felt great anxiety when urinating in public toilets. His exhibitionism took vicarious forms, for instance the occasional wearing of conspicuous clothing. He felt intense desire to see women's bare upper arms. Through analysis the patient became aware of some of the childhood roots of his fear of observing his genitals and having them observed. He then spontaneously faced his fear and inspected his genitals carefully for the first time, discovering with surprise that his scrotum looked like 'the skin of a chicken'. After clarification of his fear of touching his genitals he began exploratory masturbation and told vivid and often sadistic heterosexual fantasies. He now had dates with girls and participated in exploratory sexual play with them. When he found there were no bad results his fear gradually diminished.

He had sought analysis chiefly because of difficulty in learning; he did poorly in his first year of college and began to fail in his second. We learned that his way of studying was highly ineffective. At lectures he tried to take down almost every word the professor said, and when he reviewed his notes he tried to memorize all sorts of details. As he read a novel or a play he repeated each phrase in his mind in an attempt to implant it there indelibly. Occasionally when alone he read aloud, hoping to be able to remember better, and he also attempted to translate what he read into visual imagery. It was clear that he was trying to take in and retain large quantities of words and

ideas. He thought of his mind as somewhat like a sieve through which ideas would readily pass and disappear unless he made a special effort. He wished his mind were like a filing cabinet where things could be put in their proper places and always found when desired. He was constantly memorizing and felt confident of having learned something only when he could repeat it verbatim. He showed a fondness for, and tried especially hard to memorize, polysyllabic words which he thought of as long penises that he might expose for the world's admiration. He searched for 'delicious phrases' to memorize in the hope of exhibiting them later. His oral and exhibitionistic impulses were largely displaced to the intellect he had erotized.

His fear of missing something resulted not only from castration anxiety but also from an infantile fear of starvation. The result was oral greediness which frequently led to what might be called 'psychic indigestion'. His greed made it difficult for him to move ahead at a normal speed in his studies. He was like the boy who puts his hand in the candy jar and cannot get it out because he tries to take too much.

'What will happen', he said, 'if I ignore something? I might be asked that very thing on the examination.' But when he began to understand the early origins of this fear, he also realized that by indulging it he remained infantile; he then determined to face the fear and master it. He took fewer notes, memorized less, and tried to understand more. To his surprise, his reading became freer and he absorbed more; as a consequence his grades began to improve.

To achieve greater freedom he had to face his fear repeatedly: for example, to dare to ignore some things and concentrate on the essentials. He enjoyed this new way of learning, abandoned polysyllabic displays, and found that he had new energy for his work.

## V

Another male patient, a twenty-two-year-old graduate student, entered analysis because of impotence. When with a girl he had never dared to express his feelings but pretended to be re-



laxed and of even temperament at all times, regardless of how tense he was. If he were annoyed, happy, or frightened he would never let the girl know. It became apparent that his intense fear of revealing his feelings to a woman was originally directed toward his mother who had frequently ridiculed him in childhood. When he understood the infantile origin of this fear and saw how it limited his relations with women, he began very gradually to reveal some of his feelings to his girl. When he found that he could tolerate thus exposing his feelings his fear began to subside. Before long he felt relaxed with the girl and was relieved of his impotence with her.

### DISCUSSION

Because these case reports are greatly simplified it may appear that the technique of 'experiential manipulation', as defined by Bibring (3), was mainly responsible for the improvement. Bibring states that when a patient is, for example, 'encouraged and even expected . . . to assume self-responsibility', his capacity to handle responsibility may increase. This kind of manipulation played a part in the therapy but the readiness to seek new experiences did not originate from it. When the patients learned how and why they avoided situations they became able to face them.

It is generally accepted that when fixations and regressions are resolved through psychoanalysis curative forces are released. These curative forces can be summarized briefly as follows: 1, the forces of instinctual tension and instinctual development; 2, certain universal aims of the ego and superego which Bibring (2) calls 'biological sense'; and 3, the synthetic function of the ego. Treatment does not always lead to spontaneous readiness to attempt feared tasks, however. Hendrick (7) says, 'work has naturally been accepted by analysis as an essential function, but has generally been considered a matter-of-course function which is automatically restored when a neurosis is successfully treated, rather than as itself the subject of intensive psychological analysis'. The analysis of the attitude to such functions

as work must often include special efforts to bring to consciousness and to understand the fears that have led to avoidance of tasks, especially when the avoidance is ego syntonic.

Active mastery of fear of a task is a 'corrective' experience. This is not the 'corrective emotional experience' described by Alexander and French (1), a term that refers to the therapeutic effect of the patient's experiencing 'the difference between the original conflict situation and the present therapeutic situation'. In active mastery of fear the patient finds that by taking one step at a time he can produce in himself changes he previously considered impossible. The analyst helps the patient to obtain insight into his fears and offers emotional support to the patient in his efforts to undertake certain tasks in spite of his fears. The analyst's attitude conveys to the patient the feeling that the analyst has confidence in him and if something goes wrong will not criticize but will help the patient 'pick up the pieces' and start again.

Insight attenuates the fear of the task and by showing the patient his strengths and weaknesses helps him to avoid unwise attempts destined to failure. The patient can approach the new task in a gradual manner with some knowledge of the tensions to be met. Furthermore he can learn to institute his new efforts at times when he is at his best rather than when he is going through a period of emotional upheaval.

Such new efforts may, of course, be unsuccessful. The pain of the effort may cause the patient to abandon it, say 'I can't do it', and be reluctant to try again. His fear of the task may thus increase. To urge the patient to the attempt—as one does in some kinds of therapy—may cause premature attempts to master fears with consequent loss of self-confidence. In analytic therapy, the transference relationship may also lead to premature attempts. Analysis of attempts based on transference usually forestalls this danger.

The therapeutic effects that may arise from active attempts to master one's fears are complex. Besides mitigating fear, availability of flexible and efficient new patterns of behavior helps

one give up some of the repetitive and inefficient old habits. Hendrick (7) states that 'when the means of discharging tension by an appropriately integrated act are available, objective and subjective evidence of the repetition compulsion disappears'. Increased autonomy and proficiency in new areas of activity lead one closer to one's ego ideal and arouse admiration and even love in others. 'When I see a man who knows how to do or say something better than the rest of the world', said Michelangelo (4), 'I am constrained to fall in love with him, and then I give myself so completely to him that I no longer belong to myself. Even the dancer, or the lute player, if he were skilled in his art, could do what he liked with me.'

The therapeutic effect of undertaking certain tasks in spite of one's fears is a type of working through which leads to major changes in patterns of adaptation. Avoidance of tasks is replaced by more successful autoplasic and alloplastic methods (6).

Often a patient's avoidances are ego syntonic and come to the attention of the analyst only because certain types of effort or interest are conspicuously absent. For example, the analyst may ask himself, 'Why does she never shop for her clothes? Or call a doctor when she is ill or never take medicine for her pain?'

We must, of course, remember that avoidance is a valuable means of adaptation sometimes necessary for survival. However it is the analyst's task to help the patient evaluate his avoidances so that he may use them wisely. Avoidances that initially seem useful may be shown by analysis to restrict unnecessarily the satisfaction of instinctual drives.

### SUMMARY

Neurotic fears may cause patients to avoid various everyday activities—such tasks as trying to control undesirable habits, or buying one's clothes, or the sexual experimentation that occurs in normal development. The analyst must be alert to point out ego syntonic avoidances and to help the patient analyze the fears that cause them. Such analysis permits the patient to undertake the shunned activity and thus to acquire increased

mastery of fear and to achieve desirable new gratifications of libidinal and aggressive impulses.

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# A PSYCHOANALYTIC STUDY OF SHAKESPEARE'S EARLY PLAYS

BY ROBERT A. RAVICH, M.D. (NEW YORK)

Freud's repeated and cogent comments about Shakespeare's plays and characters indicate that he found in them abundant material for psychoanalytic investigation (11, 12, 13). Throughout his works he often quoted Shakespeare. He also became interested in the dramatist's life, espousing (with some vacillation) the theory, rejected by modern scholars, that the plays were written by the Earl of Oxford (16).

Shakespeare's writings have had an influence upon psychoanalysis. Can psychoanalysis help us to understand the personality of the Bard himself? Three sources of information exist: known biographical facts; the psychological theories expressed in the plays; and the content of the plays treated as evidence similar to the free associations offered by a patient to his analyst.

## FREUD ON SHAKESPEARE

From the earliest days of psychoanalysis, Freud found in Shakespeare's works evidence for the soundness of at least one of his basic postulates. When he first hinted at the discovery in his own analysis of what he later termed the *œdipus complex*, he referred to *A Midsummer Night's Dream*, not to *Hamlet*. In a memorandum to Fliess he commented: 'It seems as though in sons this death wish is directed against their father . . .' (9, p. 207). A few lines later Freud pointed out that 'Titania, who refused to love her rightful husband Oberon, was obliged instead to shower her love upon Bottom, the ass of her imagination' (9, p. 208).

Freud recognized a theme common to his self-analysis, to the

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Ædipus Rex of Sophocles, and to Hamlet. In another note to Fliess he wrote: 'I have found love of the mother and jealousy of the father in my own case too, and now believe it to be a general phenomenon of early childhood. . . . Every member of the audience was once a budding Ædipus in fantasy . . . the same thing may lie at the root of . . . Hamlet's . . . hesitation to avenge his father . . . he . . . had meditated the same deed against his father because of passion for his mother . . .' (9, pp. 223-224). Initially Freud believed that the theme of Hamlet was related to the dramatist's life. In *The Interpretation of Dreams* he wrote: ' . . . it can . . . only be the poet's own mind which confronts us in Hamlet . . . [the drama] was written immediately after the death of Shakespeare's father (in 1601), that is, under the immediate impact of his bereavement and, as we may well assume, while his childhood feelings had been freshly revived' (8, p. 265).

#### METHOD OF EXAMINING THE PLAYS

Freud considered 'the analysis of works of the imagination and of their creators . . . among the most fascinating in the whole application of psychoanalysis' (7, p. 321). In the same note to Fliess referred to earlier, Freud said: 'The mechanism of creative writing is the same as that of hysterical fantasies. . . . By means of this fantasy [the writer] protected himself against the consequences of his experience. So Shakespeare was right in his juxtaposition of poetry and madness (the fine frenzy)' (9, p. 208). In *Delusions and Dreams in Jensen's Gradiva*, he described two methods that 'may enable us . . . to gain some small insight into the nature of creative writing. . . . One . . . to enter deeply . . . into the dream-creations of one author in one of his works. The other . . . to bring together and contrast all the examples . . . of the use of dreams in the works of different authors' (6, p. 9).

In this study the eleven earliest plays, taken in chronological order, were treated as if they were the productions of a patient in analysis. The audience was viewed as participant-observer and

transference object for the writer, its role resembling that of a therapist. Each play was read (and listened to, if recorded), with eye and ear attuned to its latent as well as its manifest content.<sup>1</sup> The plays were then compared with the known sources (1) to ascertain what the playwright selected, what he eliminated, and what apparently originated in his own mind. Whatever Shakespeare had to say about psychology and mental illness was also carefully noted.

For purposes of a psychoanalytic inquiry, I have assumed that the plays are closely connected with Shakespeare's life experiences. I also proceeded on the assumption that Shakespeare wrote the plays attributed to him by his contemporaries. Thus far I have found nothing in the plays to cause doubt that he did write them and many details to indicate that he did. I have also found that this approach to the subject tends to clear up some of the mysterious lacunae of knowledge that have fostered doubts as to the authorship.

### SHAKESPEARE'S LIFE

The general biographical outline of Shakespeare's life is well known and well documented (2, 3, 17). The dramatist's father, John Shakespeare, the son of a farmer, became a shopkeeper in Stratford. His mother, Mary Arden, came from a well-to-do family of landed gentry and inherited money and property from her father. John prospered in business and took an active part in the town administration, becoming town councillor, treasurer, and alderman. In 1568 he was elected 'Presiding Officer of the Corporation'. Stratford was the marketplace of a rich farming countryside and an independent political unit with its own self-contained government, and John Shakespeare's position was one of considerable prestige, authority, and power. By virtue of his high office he was 'automatically eligible for a gentlemen's coat of arms if he could afford to pay the fees' of an application. He submitted his application in 1576, when William was twelve.

<sup>1</sup> In this study I have received invaluable help from George E. Daniels, M.D., in weekly discussions at the Columbia University Psychoanalytic Clinic for Training and Research.

This was the pinnacle of John's career. In September of that year something went wrong. He stopped attending town council meetings, although the other members apparently expected his return since they waited nine years before electing another alderman to replace him. After 1578 the family was also in some financial difficulty. Part of Mary's inheritance was sold and another portion mortgaged. The Shakespeares were not impoverished, however, and retained possession of their three houses in Stratford. Two explanations are usually offered for John Shakespeare's political eclipse and the financial difficulties of the family. It has been suggested that John either sustained a serious business loss or that he was being harassed by the authorities because of his religious beliefs. Evidence for either view is inconclusive and leading authorities remain uncommitted. One other possibility, based upon evidence in the plays, rather curiously does not seem to have been considered. John's withdrawal from community affairs and his financial troubles may have been caused by a prolonged, serious illness in the family, perhaps his own or perhaps William's.

Stratford records reveal that William was christened on April 26, 1564. He was the third child, the first two being girls who died before William was born. Five more children completed the family. As the eldest son of a leading citizen and town official, William was entitled to attend the fine grammar school in Stratford. The schoolmasters were university graduates and well paid, and the education he received from them was of a high order for that time. His schooling appears to have ended at about the same time that his father's difficulties began. Although he was eligible because of his father's position to go to Oxford or Cambridge, he did not continue his formal studies.

At the age of eighteen and a half years, Shakespeare married Anne Hathaway who was eight years his senior and already three months pregnant. They apparently married in haste since records seem to indicate that, on the day before, William was planning to marry another woman and had obtained a license to do so. His marriage to Anne appears to have been one of



the determining elements in his selection of dramatic material and his handling of important characters. Suspected infidelity of the wife is a constantly recurring theme in the plays.

The first child born to William and Anne was Susannah who became an important influence in Shakespeare's life and writings when she reached puberty, as suggested by the development of the father-daughter theme in his plays. One fact worth noting is that Susannah was only three years younger than her uncle Edmund. There are a number of slips and hints in the plays that indicate Shakespeare's suspicions and resentment concerning the relation between his daughter and his youngest brother.

A year and half after the birth of their first child, Anne and William had twins named Hamnet and Judith. About this time William separated from his family, leaving them in Stratford. Nicholas Rowe, who wrote the first biographical sketch more than a century later, gave this explanation: 'He had fallen into ill company . . . that made a practice of deer stealing, [and] more than once [robbed] a park that belonged to Sir Thomas Lucy near Stratford. For this he was prosecuted by that gentleman . . . and in revenge . . . he [wrote] a ballad . . . so very bitter that it redoubled the prosecution against him [and] . . . he was obliged to leave his business and family.' Although this story has not been substantiated it appears to reflect a continuing reputation for antisocial behavior that Rowe encountered many years later when he visited Shakespeare's home town. All the evidence about Shakespeare's adolescence suggests that it was a period of considerably more than ordinary turbulence.

The sudden deterioration in family finances and prestige, the discontinuance of his schooling, the hasty forced marriage to an older woman already pregnant (when another marriage had been licensed), the deer poaching compounded by a defiant public attack upon an important personage, and his leaving his family fit a pattern of delinquent adolescent behavior as unacceptable in Elizabethan times as now.

Nothing is known of Shakespeare's life from the time he

abandoned his family until the age of twenty-eight when he was already recognized as a new but significant playwright for the London stage. Throughout the twenty years of his career as a writer he was also an actor. He became a principal member and shareholder of the acting company known as the Lord Chamberlain's Company which was formed in 1594. The shareholders owned the theater and shared the returns from performances. Shakespeare also profited from the sale of his plays to his company as well as through the sale by the company of the publication rights to the plays. In the world of the theater such a situation is unusual. It allowed Shakespeare a degree of freedom of choice and expression that has rarely, if ever, been duplicated. It means—a consideration important for our study—that Shakespeare was exceptionally free to choose themes for his plays without external dictation.

Shakespeare led a lonely life in the capital, lodging in various private homes. Most of the other members of his company had their large families with them. He did not, however, sever his Stratford ties entirely and may have returned there at times. Once he began to enjoy financial success he invested in real estate within Stratford and its immediate surroundings and eventually became the largest property holder there. He also successfully reinstituted his father's application for a family coat of arms twenty years after the initial request had been filed.

### THE EARLY PLAYS EXAMINED

Sufficient evidence exists in the dramas and in various contemporary records to permit Shakespearean scholars to reach general, though not precise, agreement on the chronological order of the plays. The first eleven, the subject of this study, were probably written between 1590 and 1596.

Certain major trends can be recognized. The three parts of Henry VI as well as Richard III and Titus Andronicus reveal preoccupation with the destructive power of the phallic woman and the passive dependent man's fear that he will be killed or driven mad. Three comedies follow, *The Comedy of Errors*,

The Taming of the Shrew, and Love's Labour's Lost, which reveal persistent concern with therapeutic means of achieving restitution and repair. The Two Gentlemen of Verona and Romeo and Juliet, both romances, deal with symptoms of depression, withdrawal, isolation of affect, and confusion about sexual identity. The fear of women diminishes as the relation between a jealous father and a defiant, independent daughter develops. All these trends are recapitulated in the major dream creation, A Midsummer Night's Dream.

Shakespeare's attempts to understand psychopathology and psychodynamics are evident throughout his earliest plays. He made dramatic use of the theories of demoniacal possession, witchcraft, and bewitchment that were the accepted popular explanations of mental illness. However, he consistently rejected these concepts and expressed support for the more humane, naturalistic view of psychopathology first propounded in 1563 by the physician, Johann Weyer (21).

Shakespeare began his career as playwright when the witch mania had taken a strong hold in England, about a hundred years after it had started on the Continent (18). In his early historical plays, he used material concerning three politically motivated witch trials described in the chronicles that served as his sources.

The First Part of King Henry VI (20 a) dramatizes the unsuccessful efforts of the English to retain possession of the conquered areas of France. This attempt is frustrated by Joan of Arc. She triumphs in hand-to-hand combat with a man and routs the English forces. She is captured and convicted of witchcraft, but Shakespeare carefully dissociated himself from those who attributed her power to supernatural causes and demoniacal possession. Shakespeare's Joan says:

I never had to do with wicked spirits.  
But you, that are . . . tainted with a thousand vices . . .  
You judge it straight a thing impossible  
To compass wonders, but by help of devils (V, iv:42-48).

Eleanore Cobham, the Duchess of Gloucester, in The Second

Part of King Henry VI (20 b) is exiled for consorting with witches and conjurers. Her husband's opponents take political advantage of her mental instability to bring about his defeat and death. But Shakespeare depicts her as a 'bedlam brain-sick duchess', not as a witch (III, i:51).

In *The Tragedy of King Richard III* (20 c), the dramatist accepted the view of the Tudor-inspired chronicles that the last of the Plantagenet kings was a villain. To get rid of Lord Hastings, an unwanted political ally, Richard, now himself Duke of Gloucester, accuses Hastings of protecting Jane Shore, claiming that she has withered his arm through witchcraft (III, iv:68-72). But Shakespeare, seeking a psychodynamic explanation of Richard's distorted self-image and psychopathic behavior, attributed both to rejection by his mother which began before he was born. Richard's mother tells him:

... I have stay'd for thee, ... in torment and agony. ...  
 Thou cam'st on earth to make the earth my hell.  
 A grievous burthen was thy birth to me,  
 Tetchy and wayward thy infancy,  
 Thy school-days frightful, desperate, wild, and furious, ...  
 (IV, iv:162-169).

Although he rejected the idea of woman-as-witch, Shakespeare was deeply concerned with the possibility that a woman could drive a man insane. In *The Third Part of King Henry VI* (20 d), Queen Margaret takes over from the passive, dependent King, creating disorder and chaos in England. Margaret clearly expresses the desire to drive a man mad. At one point she waves a handkerchief soaked with the blood of his murdered son in the face of the captive Duke of York.

I prithee grieve, to make me merry, York. ...  
 Why art thou patient, man? Thou shouldst be mad;  
 And I, to make thee mad, do mock thee thus (I, iv:86-90).

It was this powerful depiction of female vengeance that first called public attention to Shakespeare. The badgered York describes Margaret as having a 'tiger's heart wrapt in a woman's hide' (I, iv:137). This line was paraphrased by another play-



wright, Robert Greene, who resented Shakespeare's rising reputation and described him as having a 'tyger's heart wrapt in an actor's hide', expecting that the public would immediately recognize the target of his attack.

Titus Andronicus (20 e) tells the story of another man physically injured and finally driven mad by the vindictiveness of a woman, Queen Tamora. In this startlingly brutal tragedy, Lavinia, only daughter of Titus, is raped, her hands cut off, and her tongue cut out to prevent her revealing her attackers. Using one of her nephew's schoolbooks, Ovid's *Metamorphoses*, she points with the stumps of her arms to the story of the rape of Philomel, thus telling her father what has befallen her (IV, i:42-51).

Titus Andronicus is also of interest because of the violence of the intrafamilial relations portrayed. There are subtle suggestions of incestuous relations between father and daughter and mother and sons. The play compares the attitudes of two fathers toward their sons. The hero, Titus, willingly has sacrificed twenty-two sons in battle and kills another with his own hands. The villainous Aaron, an early prototype of Iago, is willing to sacrifice himself to save his bastard son's life.

Shakespeare used the *Metamorphoses* as a source of several early plays and of the long poem *Venus and Adonis* (20 l). In this poem, Shakespeare deals with the seduction of a young, sexually inexperienced, and uninterested boy by an older woman who is a nymphomaniac. The content of *Venus and Adonis* may have afforded Shakespeare an opportunity to express in poetic form his own feelings about being married at eighteen to a woman eight years older.

In *Titus Andronicus* Shakespeare began to demonstrate his concern with questions of the care, treatment, and prognosis of the psychiatrically ill. This interest in emotional disorders and their treatment was an important theme in the next three plays, all comedies. The *Comedy of Errors* (20 f) deals with amusing situations resulting from the confusion of identities of two sets of twins. But Shakespeare was concerned also with two opposing

concepts of the psychodynamics and therapy of mental illness. This interest was entirely his own and in no way derived from his sources. All the characters in the play become convinced that one of the twins is insane. He, in turn, believes that he is surrounded by witches who want to drive him mad. Shakespeare, within a comic situation, contrasts two conflicting views of the etiology of mental illness: is it the result of supernatural causes, demoniacal possession and bewitchment, or are there natural causes? He takes an unmistakable position in favor of natural causes.

He compares the methods of Doctor Pinch, a charlatan, who attributes aberrant behavior to demoniacal possession and treats the patient by exorcism, restraints, and imprisonment, with the naturalistic approach of an Abbess, who seeks to understand the onset and course of the man's derangement through careful questioning of his wife. The wife pleads with Doctor Pinch:

Good Doctor Pinch, you are a conjurer.  
Establish him in his true sense again,  
And I will please you what you will demand  
(IV, iv: 50-52).

Doctor Pinch attempts to exorcize the Devil.

I charge thee, Satan, housed within this man,  
To yield possession to my holy prayers,  
And to thy state of darkness hie thee straight.  
I conjure thee by all the saints in heaven! (57-60).

The patient describes the quack as:

... a hungry lean-faced villain, ... a mountebank,  
A threadbare juggler and a fortune-teller,  
A needy, hollow-eyed, sharp-looking wretch,  
A living-dead man. This pernicious ... conjurer  
... gazing in my eyes, feeling my pulse, ...  
Cries out, I was possess'd. Then all together  
They fell upon me, bound me, bore me thence,  
And in a dark and dankish vault at home  
There left me ... bound ... (V, i: 238-249).

The husband escapes and seeks refuge in the abbey. There the Abbess attributes the man's emotional symptoms to conflict with his wife. Her therapeutic approach is to separate him from his family by keeping him in the abbey, where she will administer sedatives and then pray for him. Her psychological approach is apparent as she interviews the wife Adriana to elicit the precipitating cause of the man's mental illness.

Adriana: . . . hurt him not, for God's sake—he is mad. . . .

Abbess: How long hath this possession held the man?

Adriana: This week he hath been heavy, sour, sad,

And much different from the man he was.

But till this afternoon his passion

Ne'er brake into extremity of rage.

Abbess: Hath he not lost much wealth by wreck of sea?

Buried some dear friend? Hath not else his eye

Stray'd his affection in unlawful love,

A sin prevailing much in youthful men,

Who give their eyes the liberty of gazing?

Which of these sorrows is he subject to?

Adriana: To none of these, except it be the last,

Namely, some love that drew him oft from home.

Abbess: You should for that have reprehended him.

Adriana: Why, so I did.

Abbess: Ay, but not rough enough.

Adriana: As roughly as my modesty would let me.

Abbess: Haply in private.

Adriana: And in assemblies too.

Abbess: Ay, but not enough.

Adriana: It was the copy of our conference:

In bed he slept not for my urging it;

At board he fed not for my urging it;

Alone, it was the subject of my theme;

In company I often glanced it; . . .

Abbess: And thereof came it, that the man was mad.

The venom clamours of a jealous woman

Poisons more deadly than a mad dog's tooth. . . .

In food, in sport and life preserving rest

To be disturbed, would mad or man or beast.

The consequence is then, thy jealous fits  
 Hath scared thy husband from the use of wits. . . .  
 Adriana: She did betray me to my own reproof.  
 Good people, enter, and lay hold on him.  
 Abbess: No, not a creature enters in my house. . . .  
 Be patient, for I will not let him stir  
 Till I have used the approved means I have,  
 With wholesome syrups, drugs, and holy prayers,  
 To make of him a formal man again. . . .  
 Therefore depart, and leave him here with me  
 (V, i:33-108).

When Shakespeare pointed to the wife's jealous fits as the precipitating cause of her husband's apparent madness and denied the reality of demoniacal possession, he took a stand that seems entirely sensible to us but which was in direct conflict with the prevailing attitudes of his own day.

The therapy of mental disorders is also important in *The Taming of the Shrew* (20 g). In this play within a play, a nobleman discovers a chronic alcoholic, Christopher Sly, in a drunken stupor. At first repulsed by the man, he decides to treat Sly with kindness and consideration. A play is presented to him because:

. . . your doctors . . .  
 Seeing too much sadness hath congealed your blood,  
 And melancholy is the nurse of frenzy;  
 Therefore they thought it good you hear a play,  
 And frame your mind to mirth and merriment,  
 Which bars a thousand harms, and lengthens life  
 (Induction, ii:133-138).

Therapy is the theme of the play presented for therapeutic reasons. A violent, abusive, 'stark mad' young woman is treated by a man who is determined to marry her. He scores a therapeutic triumph by behaving in a more irrational and uncontrolled manner than she, thereby forcing her to control her behavior. The result is that she becomes an obedient and loving wife. Actually, Shakespeare was describing two therapeutic



methods that are employed today—Moreno's psychodrama and the paradigmatic method used by Rosen and others in the treatment of psychoses.

The third comedy, *Love's Labour's Lost* (20 h), appears to have been entirely original with Shakespeare. It begins and ends with the leading character, a poet named Berowne, facing the prospect of entering an institution. The opening scene has a familiar ring for the psychiatrist. Berowne is hesitant about signing an agreement that commits him for a three-year period during which he is not to see a woman, and must study and fast, and sleep little. When he is told that he has already verbally committed himself, he says that he swore in jest and wants to know the purpose of this study. The purpose of the confinement, he learns, is:

Why, that to know which else we should not know.  
Things hid and barr'd . . . from common sense?  
Ay, that is study's god-like recompense (I, i:56-58).

Berowne, who appears quite sane, is repeatedly compared to and mistaken for the poet-playwright Armado.

A man . . .  
That hath a mint of phrases in his brain;  
One whom the music of his own vain tongue  
Doth ravish like enchanting harmony. . . .  
A man of fire-new words . . . (165-179).

This certainly could be Shakespeare's image of himself, if only because no other literary figure has had such a 'mint of phrases' or so many 'new words' (15). Armado is a melancholic whose writings and speech are pure 'schizophrenese', full of neologisms, puns, concretisms, and clang associations. They have the effect of creating temporary madness in the other characters, one of whom complains that Armado makes him feel insane, 'frantic, lunatic' (V, i:29). For example, Armado writes a letter:

. . . besieged with sable-coloured melancholy . . . as I am a

gentleman, [I] betook myself to walk: the time When. About the sixth hour, when beasts most graze, birds best peck, and men sit down to that nourishment which is called supper; so much for the time when. Now for the ground Which; which I mean I walked upon; it is y-cleped thy park. Then for the place Where; where I mean I did encounter that obscene and most preposterous event, that draweth from my snow-white pen the ebon-coloured ink, which here thou viewest, beholdest, surveyest, or seest. But to the place Where, it standeth north-north-east and by east from the west corner of thy curious-knotted garden . . . (I, i:231-248).

Berowne is told by his ladylove, Rosaline, that if he wants to win her, he must for a whole year

. . . from day to day  
Visit the speechless sick and still converse  
With groaning wretches; and your task shall be,  
With all the fierce endeavour of your wit  
To enforce the pained impotent to smile. . . .  
A jest's prosperity lies in the ear  
Of him that hears it, never in the tongue  
Of him that makes it: . . . (V, ii:861-874).

The poet is appalled by the task imposed upon him. Nevertheless, he acquiesces.

To move wild laughter in the throat of death?  
It cannot be; it is impossible:  
Mirth cannot move a soul in agony. . . .  
A twelvemonth? Well, befall what will befall,  
I'll jest a twelvemonth in an hospital (V, ii:866-880).

In a brief epilogue, Shakespeare contrasted this penance of Berowne with that of the insane poet Armado who has committed himself to marry the woman he has made pregnant and remain in the country with her for three years. By the end of this play, Shakespeare has made some observations which are probably self-revealing about a poet who must amuse hospital inmates in the face of their suffering if he is really to prove

himself and about an insane writer who makes a country woman pregnant and then agrees to marry and remain in the country with her for three years.

Although *The Two Gentlemen of Verona* (20 i) is about love and friendship, it contains very little expression of feelings. Everything in the play is dull, lifeless, and flat, albeit the sources Shakespeare used are rich in emotional content. The playwright appears to have been aware of an affectual blunting in himself. The one memorable character, the servant Launce, expresses his concern about the lack of emotion displayed by his dog, Crab.

... I think Crab my dog be the sourest natured dog that lives: My mother weeping; my father wailing, my sister crying; our maid howling; our cat wringing her hands, and all our house in a great perplexity, yet did not this cruel-hearted cur shed one tear ... (II, iii:5-10).

Launce confuses the dog with the man.

... I am the dog: no, the dog is himself, and I am the dog. Oh, the dog is me, and I am myself. ... Now the dog all this while sheds not a tear, nor speaks a word; but see how I lay the dust with my tears (23-35).

He also exhibits considerable sexual confusion as he debates which of his shoes should represent his mother and his father.

... I'll show you the manner of it. This shoe is my father: no, this left shoe is my father. No, no, this left shoe is my mother. Nay that cannot be so neither. Yes, it is so, it is so, it hath the worser sole. This shoe with the hole in it is my mother, and this my father (14-20).

The play contains evidence of regression to an infantile level. For example, discussions about love almost invariably end by referring to food and eating. And Launce in another monologue, ostensibly on the noble subject of friendship, becomes involved with urination.

... O 'tis a foul thing when a cur cannot keep himself in all

companies! . . . He thrusts me himself into the company of three or four gentleman-like dogs, under the Duke's table: he had not been there . . . a pissing while, but all the chamber smelt him. 'Out with the dog!' says one: 'What cur is that?' says another. 'Whip him out!' says the third: 'Hang him up!' says the Duke. I, having been acquainted with the smell before, knew it was Crab, and goes me to the fellow that whips the dogs. 'Friend,' quoth I . . . 'twas I did the thing. . . '. He makes me no more ado, but whips me out of the chamber. How many masters would do this for his servant? . . . I remember the trick you served me when I took my leave of Madam Silvia. Did not I bid thee still mark me and do as I do? When didst thou see me heave up my leg and make water against a gentlewoman's farthingale? Didst thou ever see me do such a trick? (IV, iv:10-42).

Feelings of estrangement and withdrawal are described in a soliloquy.

This shadowy desert, unfrequented woods,  
I better brook than flourishing peopled towns:  
Here can I sit alone, unseen of any,  
And to the nightingale's complaining notes  
Tune my distresses and record my woes (V, iv:2-6).

In *The Two Gentlemen of Verona* we find also the theme of a father's incestuous desire for his daughter that recurs in many of Shakespeare's plays. The Duke of Milan tells how he has locked his daughter up every night out of jealousy. He describes her as:

. . . peevish, sullen, froward,  
Proud, disobedient, stubborn, lacking duty,  
Neither regarding that she is my child  
Nor fearing me as if I were her father.  
And . . . this pride of hers,  
. . . hath drawn my love from her,  
And, where I thought the remnant of mine age  
Should have been cherish'd by her child-like duty,  
I now am full resolved to take a wife,  
And turn her out to who will take her in: . . . (III, i:68-77).



The play shows a degree of confusion about locale not found elsewhere. On three separate occasions (II, v:1; III, i:81; V, iv:129) Shakespeare made mistakes about the place of action. These errors are corrected in modern editions, but they are present in the original folio. Moreover, stage directions are lacking, notations of entrance and exit are missing, and new scenes are indicated in several places where the action is in fact continuous.

The Two Gentlemen of Verona may have been written following a period of severe emotional disturbance. Perhaps Shakespeare at thirty-one returned temporarily to Stratford where he may have attempted a reconciliation with his wife. This would also have given him an opportunity to become reacquainted with his children, especially with his eldest daughter, Susannah, who was then thirteen.

This question of the relation of father and daughter and their respective ages was of considerable importance to the playwright, as indicated in the next play, *Romeo and Juliet* (20 j). He reduced Juliet's age from sixteen, as it was in the sources, to thirteen. There is no dramatic justification for this change, but Juliet's age is the same as that of Susannah Shakespeare at the time the play was written. That the heroine was identified in Shakespeare's mind with Susannah is supported further by the Nurse's comment that her own child Susan and Juliet would be the same age, had Susan lived. The Nurse reminisces about episodes of Juliet's life up to the age of three. Her recollections thus appear to coincide with the time before Shakespeare left his family. The significant point is that his return to them reunited him with his daughter at the time of her early adolescence, and this appears to have had a profound and lasting effect on his attitude toward women.

The intensity of feeling that Shakespeare infused into the old poem that was the source of *Romeo and Juliet* is in striking contrast to his inability to give any affective content to *The Two Gentlemen of Verona*. This swing from virtually complete affectual blunting to intense feeling is probably clinically significant.

A *Midsummer Night's Dream* (20 k) is of particular interest to the psychoanalyst. First, it is Shakespeare's major dream creation in which he drew together many of the themes he had already used in other plays. Second, in this play Shakespeare clearly deals with the oedipal theme and the conflicts within the family triangle. Finally, it is here that the influence of Johann Weyer's ideas regarding mental disorders is most evident.

Two conflicts provide the underlying motivation in *A Midsummer Night's Dream*. One involves a father who insists on his right to choose a husband for his defiant daughter and also on his right to kill her if she does not obey him. The other conflict is between a married couple, Titania and Oberon, the estranged King and Queen of the Fairies, who are struggling for possession of a changeling mortal boy. As part of his ruse to get the boy away from his wife, Oberon uses a magic potion that will make her fall in love with the first thing she sees on waking. Puck changes the appearance of the weaver-actor, Bottom, by giving him an ass's head. When Bottom's fellow actors run off terrified by the sight of him and leave him alone in the woods, he sings a song to show that he is not afraid. His singing awakens Titania, and she immediately falls in love with the ass-headed Bottom.

The physical change that Bottom undergoes may symbolize a mental disturbance. Bottom expresses this when he says that he hopes he has 'wit enough to get out of this wood' (III,i:152). 'Wood' meant madness in Elizabethan parlance, so that Bottom may be speaking metaphorically of recovery from insanity.

In this play a more frankly oedipal situation is portrayed than in *Hamlet*. When Bottom grows tired, Titania says:

Sleep thou, and I will wind thee in my arms.

Fairies be gone, and be all ways away.

So does the woodbine, the sweet honeysuckle, gently entwist;

The female ivy so

Enrings the barked fingers of the elm.

O, how I love thee! how I dote on thee! (IV, i:41-46).

They go to sleep on stage, clasped in each other's arms.

Oberon takes the changeling boy and then directs Puck to restore Bottom's head and mind.

. . . Puck, take this transformed scalp  
From off the head of this Athenian swain;  
That he, awaking . . . think no more of this night's accidents,  
But as the fierce vexation of a dream (IV, i:66-72).

Shakespeare indicates that the significance of Bottom's dream is too shocking to bear interpretation, although it can be employed for dramatic purposes. Bottom says:

I have had a dream, past the wit of man to say what dream it was: man is but an ass, if he go about to expound this dream. . . . Man is but a patched fool, if he will offer to say . . . what my dream was. I will get Peter Quince to write a ballad of this dream; it shall be called Bottom's Dream, because it hath no bottom; . . . (IV, i:211-222).

Bottom returns to reality, rejoins his fellow actors, and resumes his duties as actor, director, and playwright. Immediately afterward, Theseus makes a speech comparing the imaginations of 'the lunatic, the lover, and the poet'.

Lovers and madmen have such seething brains,  
Such shaping fantasies, that apprehend  
More than cool reason ever comprehends.  
The lunatic, the lover, and the poet  
Are of imagination all compact.  
One sees more devils than vast hell can hold;  
That is the madman. The lover, all as frantic,  
Sees Helen's beauty in a brow of Egypt.  
The poet's eye, in a fine frenzy rolling . . .  
[From his] imagination [creates]  
The form of things unknown . . . and gives to airy nothing  
A local habitation and a name.  
Such tricks hath strong imagination,  
That, if it would but apprehend some joy,  
It comprehends some bringer of that joy.  
Or in the night, imagining some fear,  
How easy is a bush supposed a bear! (V, i:4-22).

It will be recalled that, in *The Taming of the Shrew*, Sly's

recovery is to be effected through watching a play performed expressly for therapeutic purposes. In *Love's Labour's Lost*, Berowne must prove himself by attempting to relieve the mental anguish of hospital inmates. In *A Midsummer Night's Dream*, Bottom's 'dream' is to become a ballad. It appears that Shakespeare during this period connected playwriting and acting with the treatment of mental illness.

### SHAKESPEARE'S CONCEPT OF MENTAL ILLNESS

When Shakespeare wrote that the madman imagines 'more devils than vast hell can hold' and juxtaposed this process with the 'fine frenzy' of the poet, he was expressing a radical attitude about psychopathology and the etiology of mental illness. In Elizabethan days, psychopathology and psychodynamics were regarded chiefly in terms of demoniacal possession, witchcraft, and bewitchment. Psychotherapy consisted of exorcizing the demons that had possessed the sick person so that they would leave his body and free his soul. It was indeed a reversal of accepted thought to say that demons were the products of the deranged mind rather than the cause of it.

Legalistic consequences of psychopathology involved imprisonment, torture, and execution. At the time Shakespeare was writing these lines, men, women, and children were being convicted as witches in league with the Devil. It has been estimated that more than seven hundred fifty thousand people were burned or hanged for witchcraft during the sixteenth and seventeenth centuries, an average of ten every day for two hundred years (22). It must have been terrifying to a man who could understand that what was happening in his own mind could seriously jeopardize his life.

Today many of these unfortunate persons would be considered mentally ill and would be referred for psychiatric care and hospitalization. The magnitude of what was going on at that time is difficult for us to comprehend; psychiatry is still struggling with the aftereffects of that massive attack upon the mentally ill.

Shakespeare's concept of mental disorder resembles that of



the physician Johann Weyer. A pupil of Cornelius Agrippa, Weyer received his medical degree from the University of Orleans. He became court physician to Duke William of Cleves in 1550, and prevailed upon the Duke to halt the persecution of witches. Weyer's clinical observations led him to believe that mental illness, rather than demoniacal possession, was responsible for the aberrant behavior of these people. His book on witchcraft (21) was published in 1563 and went through six editions in twenty years (22).

Whether Shakespeare read Weyer in the Latin is not known. His work on the subject of witchcraft has never been translated into English.<sup>2</sup> Certainly the dramatist was acquainted with Weyer's ideas and we can only speculate why he was so impressed. An English popularization of Weyer, written in 1584 by Reginald Scot (19), was one of the sources for *A Midsummer Night's Dream*. Scot freely acknowledged the influence of Weyer, whom he described as 'the most famous and noble physician'. Later both Scot and Weyer would be vigorously attacked by James the First in his book on witchcraft (14). One of James's first acts on becoming King of England was to order copies of Scot's book to be seized and burned.

Zilboorg (23, 24) considered Weyer's book one of the most important in medical history and described him as the leader of 'the first psychiatric revolution', with Freud the leader of 'the second psychiatric revolution'. Although Freud made no reference to Weyer in his papers, he had a very high regard for the scientific importance of Weyer's treatise. He once wrote that among the ten most significant books he would include 'scientific achievements like those of Copernicus, of the old physician Johann Weyer on the belief in witches, Darwin's *Descent of Man*, and others' (5, p. 245).

Freud, in an article about Charcot, expressed the same point of view as Weyer and Shakespeare: '... existing records of witchcraft trials and possession ... show that the manifestations

<sup>2</sup> Weyer's *De Praestigiis* is currently being translated by William R. Nethercut of Columbia University, New York, as a result of this study.

of neurosis were the same then as they are now' (4, p. 20). Later he wrote a fascinating article, entitled *A Seventeenth-Century Demonological Neurosis* in which he stated: '... the neuroses of those early times, emerge in demonological trappings. ... The states of possession correspond to our neuroses. ... We merely eliminate the projection of these mental entities into the external world which the middle ages carried out; instead, we regard them as having arisen in the patient's internal life. ...' (10, p. 72).

### SUMMARY

Shakespeare's theories of mental illness, as expressed in his early plays, were in advance of his time; they seem to have been influenced by those of Johann Weyer, of whose writings Freud also expressed a high opinion.

By treating the content of these early plays as if they were the associations produced by a patient in psychoanalysis, some hypotheses can be constructed concerning Shakespeare himself, and some of these hypotheses are given support by examination of what is known of the dramatist's life.

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# COUNTERTRANSFERENCE IN THE MANAGEMENT OF SCHOOL PHOBIA

BY VIVIAN JARVIS, M.A. (FREEPORT, NEW YORK)

Phobic reactions to attending school are increasing to such an extent that a professional conference recently recommended the establishment of a clinic to study the subject. Children with school phobia are almost uniformly bright, well-behaved students who have previously posed no problems to the staffs of the schools they attended. Their difficulties arise following an acute attack of anxiety which makes the pupil feel that attendance at school is unbearable. He thus involves the school psychologist, the principal, the truant officer, the teachers, sometimes tutors, and a psychotherapist—or the consulting psychiatrist—who evaluates the necessity for not attending classes. Moreover, the child seems to engender hostile reactions among those who are trying to help him.

When we encounter school phobia, one of our tasks is to evaluate the animosity, often great, among personnel of the school. And although one must be on guard against distortions in the accounts given by the children and their parents (which almost always emphasize this animosity), my experience shows that hostility is indeed engendered by school phobia—a surprising fact when one considers what acceptable students these patients usually have been. The phobic child asks to withdraw from school; he does not fight the school authorities as does the delinquent—why does he therefore provoke anger? The following examples illustrate the problem.

A first grader was placed in a private school when he refused to continue in public school after a period of anxiety attacks which began with the hospitalization of his mother. He reported to me that he had pushed his new teacher's desk on the first day and that she had poured cold water in his face. The teacher told me the following story: 'Ricky attacked me and got so excited that I took him to the bathroom and dashed



a cup of cold water in his face. This is the advice of my doctor who told me to do this whenever a child gets excited about wanting to go home, and it always works.'

A thirteen-year-old girl developed school phobia soon after her sister had announced that she was to be married. On the day before the phobia began she had been ordered by her mother from the living room where her sister was being courted. She suddenly found she could not walk and had to be carried to her room. The paralysis was transitory and although she had fully recovered by the next morning, she said she would not go to school. Her father beat her to no avail; she kicked and screamed so much that he became alarmed and took her to the family doctor. He advised psychological treatment and she was brought to me. She had heretofore been a good and willing student and was popular at school although she was described as a retiring child at home. I was told by the girl and her mother and by the school psychologist that a psychiatrist had refused to grant her suspension from the school and had advised that the girl be 'dragged on her knees, if necessary, to get her to school'. The psychiatrist believed that a child with school phobia should not under any circumstances be permitted absence from school.

A fourteen-year-old girl with chronic absence due to illnesses without discernible organic cause developed acute school anxiety after a genitourinary examination. Her mother had been over-anxious about many of her own duties when she had taught school before she raised a family. The girl was an exceedingly good student and a 'very good girl'. Her panic was met at first by her father's spanking her to get her to return. Psychological personnel described her as 'spoiled and wilful' and expressed resentment at her unwillingness to discuss her return to school in a 'reasonable' way. They said they had gone out of their way to send an attendance officer to her home to see her, but this attempt had failed when the girl locked herself in her room; the officer was obliged to leave without seeing her.

A boy in second grade who had successfully attended school for a year developed a sudden school phobia after he had seen

his father strike his mother during a violent argument. He could not be persuaded to return to school unless his mother went with him, and even though he knew she was in the school building he would have to leave the classroom occasionally to see her. The teacher expressed annoyance to the principal, who told me that the teacher 'couldn't tolerate the child's not learning properly'. Both parents complained to me that they had spoiled this unplanned child by bringing him up in accordance with the 'newfangled' idea of avoiding spanking, whereas their older children had not been spared the rod. They therefore agreed with the school psychologist's suggestion of a spanking for the child the next time he ran out of class. When the child did run out again the mother telephoned the father, who thereupon came to school and there paddled the child 'six years worth'. The parents said that, on advice of the school psychologist, they took away the child's toys and confined him to his room on the days when he refused to go to school. They were told to do this because it was important for the boy to realize that he was being treated as a sick child. They sought assistance after he ran away from home several times because of the confinement.

The school psychologist told me, 'I did not advise a spanking, but if the father had to do it, he should most certainly have spanked the child at home, not in school. Besides, Bruce has to learn that he is not the center of the universe and he has to learn the necessity of school attendance and the reality of things.' He added that the teacher had stated that if Bruce's behavior did not improve it was 'either the child or me'. Bruce, aged seven, was indeed a threatening person to all concerned.

An extremely bright girl of thirteen could still function well enough to hide her mental and emotional impoverishment. Despite her good manners and frequently verbalized concern not to hurt anyone or cause trouble, she generated great hostility in most of the school personnel. Her constant apologies ('I hope I'm not late', 'I do hate to inconvenience the school', 'I feel sorry for the way I hurt my teachers') were necessary to

her and utterly irritating; they were her defense against hostility. The worry that she might give vent to some of her angry feelings in the classroom had been partly responsible for her withdrawal from school. She had never actually revealed anger. During the illness of two close relatives, one of whom was living in her home, she became unable to tolerate sitting through the entire school day and the superintendent, recognizing her difficulty, shortened it. Nevertheless, after the deaths of the relatives, she could not attend school at all. No connection had been perceived by the girl between the deaths and her anxiety over school. However, death brought many of her smoldering problems near to the surface. An angry, jealous feeling about the 'stupid' adolescents in her class was clearly a displacement of jealousy and death wishes created by the arrival of a sibling. She was consciously aware only of her strong wish that the baby should never be hurt as she had been. This narcissistic wound was the more intense because she had been encouraged to exhibitionistic display of her intellectual precocity by her mother before the birth of the new child.

After these deaths the girl had many dreams of running around the bedrooms at night, either pursued by mutilated frogs or finding people dying in bed. She had been permitted to sleep intermittently in her parents' bedroom until age eleven when she had anxiously screamed out to the parents during their coitus, 'Dad, what are you doing to Mother—what's happening to her?'. He explained that Mother was choking and he was removing something from her throat.

With her phobia she had developed an extreme aversion to social studies, because, she said, the American Civil War was being taught. She could not read *Uncle Tom's Cabin* and, although she loved the theater, she refused to see a play about Abraham Lincoln. In initial sessions with me she reverted often to the fact that she could not tolerate the Civil War 'because the teachers tell you stupid things about it and not the real truth'. The girl now tried hard to be a vegetarian and 'choked' when her mother forced her to eat meat. Moreover, she actually

'choked up' with tearful rage at having to learn school subjects under duress. At times during her sessions, with clenched fists and tears, she would suddenly cry out, 'They can't force me to learn about the Civil War; there's no authority that can force me to learn anything'. When her fury abated she would start to fantasize about the innocence of childhood which, she said, she had never possessed. She associated 'civil war' with family fights and dreamed that her mother, an anonymous lover, and the daughter were all in a slaughterhouse. These associations showed that the Civil War had become a screen for the experience of the primal scene. She felt that she had been compelled by her excitement and horror to watch and thus had lost her innocence. Social studies was the beginning and focal point for protest against any knowledge the school authorities included in the curriculum, but the protest spilled over into other fields as well.

When it became clear that no one could get her to return to school by any means (her mother had resorted to hitting her), the school psychologist gave her a last chance to 'make her own choice to return to school'. He reported to me his attempt to 'show her realistically how illogical she was being'. He told her that she was punishing her mother by hating school and that there was no reason to think she would not soon hate and avoid the therapeutic relationship she was presently willing to enter with me. He explored with her all her fantasies of self-inflicted injuries that might keep the attendance officer away, such as jumping out a window and breaking a leg. He made no reassuring comments, however, when she asked him if it were true that she might be dragged to school against her will by the truant officer. To this he maintained a neutral silence. At my next interview with her she repetitively sought reassurance about the illegality of physical force on the part of truant officers. From her talk with the psychologist she had concluded that the school would sanction physical force to get a student to school; indeed, she had got little else from what he had said.

The school then requested psychiatric consultation for sus-



pension. The girl anxiously insisted on seeing the psychiatrist without her parents, but when she appeared for her appointment alone and late (because of her mother's carelessness) the psychiatrist wanted to know where her parents were. The girl felt that the psychiatrist was annoyed. She replied that her mother was waiting in the car because she wanted to speak to him privately. According to the girl, the psychiatrist said angrily, 'You're not a child of gypsies. You have parents and must bring them with you.' She felt that she was then dismissed abruptly.

This encounter ignored one of the girl's most urgent needs—to appear to be able to separate from her mother. Her oft-repeated, almost compulsive cry, 'I'm not my parents' child! I'm not their daughter! I'm their friend!' was a poorly conceived rationalization to help ward off fusion with her mother, whom she perceived as dangerous. Her very appearance (long hair, unkempt and startling in color) and tardiness seemed to proclaim to the psychiatrist her wish to be a wandering gypsy of unknown origin, not bound by time or place—a wish seemingly understood by the psychiatrist, who verbalized it for her with annoyance: 'You are *not* the child of gypsies'.

A home tutor, with uncanny intuition, picked the subject she could tolerate least, giving her much reading on the Civil War and extending the time of her work on this subject. When I explained to the school psychologist that it was precisely this subject that should receive as little attention as possible, he answered angrily, 'I hate to put down a good teacher who does his best with nonconventional methods to create a different approach. All we get anyway is complaining from the mother and kid.' Gone, momentarily, was any understanding of what I had been trying to explain. The ranks were closed: school psychologist and teacher 'trying their best' and getting not thanks but complaints. The psychologist added that he might lessen emphasis on the subject content but would never change the teacher no matter how she might dislike him. No one had informed him of this dislike, but he had sensed it and refused to make any concession.

We have, in short, an overly polite girl, heretofore on the honor roll, always well-behaved in school, stirring up manifold anger in most of the people who were trying to help her with an emotional problem. What is more, the authorities seemed to have the knack of attacking her where she was most vulnerable.

Why is the child with school phobia met with such antagonism? The answer seems to be that the inordinate suppressed rage of the child triggers an overt, though mild, rage in school personnel and psychotherapists. The likelihood of this reaction in those working with such children should be recognized if it is not to be detrimental in management of the problem. The sudden attack of school anxiety, with its manifest infantilism, at once undoes the good school record and the good behavior of the child. It seems to act as an unconscious threat to the adults, showing as it does the power of the unconscious in regression to the anal-sadistic level. The good child becomes wilful, stubborn, recalcitrant, and impervious to reason, and he upsets the rule of secondary process thinking so highly prized in school and in the adult world. Thereafter child and school join forces in pretending that this is a school problem to be solved in school. Although school personnel often talk as if they understood such concepts as the displacement and projection so prominent in phobia or the idea that neuroses should not be treated symptomatically, all this is forgotten when school phobia presents itself.

Melitta Sperling<sup>1</sup> points out that 'the precipitating events that touch off the acute anxiety, manifested in school phobia, are always events that unconsciously are interpreted by the child as a danger to the mother's life and his own life' (p. 507).

Mother and child have, moreover, a somewhat symbiotic relation and displacement of their struggle to the school also carries with it the overt and covert rage common to such relations. It is this displaced rage, lurking beneath the child's fearfulness, that induces countertransference anger. This countertransference hostility is particularly evident when school

<sup>1</sup> Sperling, Melitta: *Analytic First Aid in School Phobias*. This *QUARTERLY*, XXX, 1961, pp. 504-518.

phobia occurs in girls who have recently menstruated for the first time. It is the task of the young adolescent girl to defend herself against the recrudescence of phallic strivings toward the mother and other impulses that may struggle for expression at menarche. The girl with school phobia, because of an unusually close but troubled relation with the mother, has a greater struggle at this time to ward off her attractiveness and verbalizes more clamorously the need to separate from her. The school phobia permits continuance of the close relation, while the extreme hostility shown their mothers by these adolescents when at home is proof to them of their 'independence' of mother. This wish to leave and inability to get away, while most apparent in my adolescent patient, also existed in the others. One of the little boys made several attempts to run away from home although at school he demanded mother's presence. School personnel almost seem willing to continue the much-needed yet hated role of the mother who misunderstands but with whom the child is enmeshed. By attempting to get the student to accept school one way or another (for instance, by modification of the school program) during the bouts of anxiety, the school assumes the role of the overpowering mother who insists on manipulating the child. The school thus becomes a frightening place for him because of the reactive anger of the authorities as the student rejects one modified plan after another. More than this, it is as though the personnel understand unconsciously the primitive aggression of the child's fantasies and stimulate it by such suggestions as 'Drag her on her knees', 'A good spanking would be helpful', or 'You are not the child of gypsies', as well as by hinting that the school authorities may themselves act out the child's violent fantasies (the psychologist would not deny that truant officers might be permitted to be violent).

Work in schools—or indeed any work with children—may attract adults who enjoy sadomasochistic relationships. For such gratifications the child with school phobia is unconsciously singled out because of his thinly concealed rage, and he is placed in the feared situation long before he can tolerate it without

damage. Harm is done to the personality by so treating the child. If, instead, his unconscious mechanisms are worked through, not only is the child helped but the community is enriched by one who usually has much to contribute to it.

### SUMMARY

The hostile countertransference manifested by some school personnel toward children with school phobia is provoked by the thinly covered sexual and aggressive drives of the child. Such personnel are led by their own sadomasochistic impulses to re-enact in the school setting the sadomasochistic aspects of the relation between mother and child. The hostile response to the school phobic that forces him into the feared situation is masked as 'realism' and prevents proper treatment of the pathological unconscious processes in the child.



# FRANZ ALEXANDER

1891-1964

Franz Alexander's build was somewhat like that of Babe Ruth. He loved skiing, tennis, and golf. An athletic vigor and sharpness permeated his thought, gestures, and speech, and shone in the twinkling of his eyes. One morning, in a paralyzing blizzard in Chicago, he came to the Institute on skis. The walls of his living room were completely filled with books, and they reflected the breadth and depth of his interests. From earliest childhood his divers interests were encouraged by his father, a professor of philosophy who had a keen appreciation of science and its history and development. Franz Alexander was a warm and generous host and one quickly sensed that he had been a loved child for he radiated ease, confidence, and security in his social relations. His sister, Lila, adored him and he spoke of her and his younger brother with affectionate admiration. Born in Hungary, he married Anita Venier, a painter with an unusual touch and authority, and they had two daughters, Sylvia and Kiki. He was devoted to his family.

Alex, as he was affectionately known, relished the amenities; they were part of his natural zest for life. He enjoyed good food, good books, good company, good conversation. By the time he was forty he had achieved such a degree of object interest that his enthusiasm was roused by almost every conceivable topic—history, the physical sciences, the history of philosophy, the mechanics of the golf swing, the latest art exhibit or movie or humorous story, or how Norbert Wiener could learn Japanese in only a few weeks. He was 'unbelievably good', as Franklin McLean put it before inviting him to the University of Chicago. One might paraphrase the Scottish saying: Where Alexander sat, there was the head of the table. This was a natural, unconscious response of people to his knowledge, insight, intellect, humor, and judgment. The transition from Eastern Europe—where to be seen at work in the afternoon was a disgrace—to

the bustle of Chicago—where not to be working was shameful—was not an easy one. And at 'The Gypsy Camp', over chicken paprika and Tokay, to the ardent strains of a Hungarian trio, we could feel how this was to the Hungarians 'another planet'.

A fortunate combination of intellect and man of action, Alexander came into psychoanalysis through the physical sciences. He was the first graduate of the Berlin Institute, where his training analyst was Hanns Sachs. Later Freud invited him to Vienna as his assistant, and at the same time he was invited to Chicago. Many of his colleagues could not understand why he had any indecision about accepting Freud's offer. He related that he had had a dream of leaving and when he awoke decided that, nearing forty, he must choose independence and leadership. He remained close to Freud, visiting him every summer, seeking his advice and reporting on developments in the United States. Many Europeans, said Alex with a twinkle, still thought of Chicago as a Fort Dearborn with Indians and gangsters prowling the streets.

Psychoanalysis in all its aspects became Alexander's life. All his cultural knowledge was grist to the mill. Master of psychoanalysis in all its areas, Alexander kept up-to-date in its various applications—not only in psychosomatic medicine, of which he was perhaps the chief founder, but in the social and biological sciences and academic psychology; he mastered the relations and contributions of imprinting, conditioning, learning theory, and the like, to psychoanalysis. Seminars on literature and humor, discussions of current events were all used for practice in reading the unconscious. In seminars French and Alexander would engage in heated controversy, but on a high academic level and with good fellowship; then everyone would adjourn to a nearby restaurant for dinner. The Menningers from Topeka, Levine from Cincinnati, John Benjamin from Denver, and many others came for training at the Institute and enriched it. Whether in research seminars, in teaching, or in administrative meetings—in small groups or large—Alex was always the warm host, putting others at ease. Perhaps most striking was his sense of

reality and ability to penetrate to the very heart of the matter.

Independence, productivity, and leadership arouse hostilities in some people. But Alexander had the rare quality of sympathetic understanding toward all, including those hostile to him.

He was completely loyal to Freud. 'Of course I am cautious in any developments in my observations and thinking in psychoanalysis', he told me two years ago, 'after those years in close contact with a genius'. I once saw a postcard that Freud wrote to a man who had asked him to recommend an analyst in this country. Freud referred him to 'Dr. Franz Alexander, my best pupil in the United States'.

Franz Alexander was seventy-three, but looked little more than fifty-three. He had had two mild coronaries the year after our entry into World War II, but when he died was still on the high plateau of his professional powers. He golfed regularly, and in Puerto Rico only a few months ago he did not miss a party. With his usual zest he was anticipating presenting psychoanalytic papers in the next few weeks—his name was already on the published programs. But one day he felt tired, soon suspected pneumonia, and consulted a physician. A few days later, at home, he was stricken and died in an ambulance on the way to the hospital. His diagnosis of pneumonia was correct. Fortunately for us, he had completed his history of psychiatry, which we can expect will use much of his life's wisdom. For Franz Alexander was outstanding in psychoanalysis as therapist, teacher, researcher, writer, leader, statesman. And he was a warm and loyal friend.

The finest tribute we can pay him is, I believe, the one we should also pay Freud—cease classifications and labels of analysts and their contributions as freudian and neo-freudian, orthodox and liberal, and the like; for all of these terms can be used to depreciate others and for political purposes; they confuse and prejudice students and the public, and injure everyone. Let us honor Freud by treating his work as a science, by using reality alone as our standard, just as Freud did. And let us judge Alexander's contributions in the same way, by the standards of

science—that is, by testing them against reality. Theory, insisted Freud, is superstructure; the foundation is reality, observation. This Alexander carried on with outstanding energy, productivity, and constructiveness, *sans peur et sans reproche*.

LEON J. SAUL, M.D.



## FELIX DEUTSCH

1884-1964

When Felix Deutsch died on January 2nd at the age of seventy-nine, psychoanalysis lost a brilliant pioneer with an inherent talent for teaching and creative writing that was made use of continually to the end of his life. He was a kindly, sensitive man of dignified mien, a fascinating teacher, and, above all, a tireless and original thinker. A steady flow of papers and books, translated into many languages, earned him fame in many areas outside as well as within the field of psychoanalysis. He was never a learned recluse, but rather actively participated in the training program and affairs of the Boston Psychoanalytic Society where he served as President for several terms. His medical talents in both clinical and psychological spheres were equaled only by a talent for æsthetic appreciation which led to a profound knowledge of music and painting; he played the piano charmingly and while vacationing on his farm in New Hampshire enjoyed painting in oils. In his younger days he was actively interested in sports and played tennis up to the age of fifty. The family bond to his wife and son was a particularly close one, but his devotion to them never excluded a warm friendship with many colleagues and students.

Felix Deutsch was born August 9th, 1884, in Vienna. At twenty-five he was graduated from the University of Vienna Medical School and then interned for one year at the Wiedner Hospital in Vienna. At this time his interests focused mainly on internal medicine for which he was trained at the University Clinic in Munich and the Obersteiner Institute for Brain Research in Vienna. During this period he met and married Dr. Helene Rosenbach. Their son, Martin, is now a professor of physics at the Massachusetts Institute of Technology.

In the early years of his medical practice, Dr. Deutsch was an associate clinical professor of internal medicine at the University of Vienna and Freud's personal physician. He became

increasingly interested in the psychological aspects of medicine and was analyzed and trained at the Vienna Psychoanalytic Institute. This was a happy time of tremendous activity and intellectual stimulation, as new discoveries in analysis followed one another in rapid succession. Felix Deutsch was one of the first to see the importance of a liaison between clinical medicine and psychoanalysis. Although he had an eager curiosity and penetrating concern in many areas of psychiatry and psychoanalysis, his main interest was always in psychosomatic problems. The cruel political events of the early 1930's deprived him of a brilliant career at the University of Vienna. In 1933 he came to this country for the first time and read a paper before the New York Psychoanalytic Society, *Studies in Pathogenesis: Biological and Psychological Aspects* (This QUARTERLY, II, 1933). This paper contained the seeds of many others to come. The warmth of his reception in New York and the regard he inspired here were such that in 1935, as the shadow of the Nazi party rose above the horizon, Felix and Helene Deutsch came to this country to stay. A period of acclimatization followed during which he accepted a research fellowship in psychiatry at Harvard, took his Board examination in psychiatry, and lectured at the Boston Psychoanalytic Institute. From 1939 to 1941, he was associate professor of clinical psychosomatic medicine at Washington University, and was busy commuting between Boston and St. Louis. From 1942 to 1948, he directed a psychiatric clinic maintained by the Boston Psychoanalytic Institute. In 1947 he became a senior consultant at Cushing Veterans Administration Hospital, and embarked on a resident-teaching program.

In reviewing his achievements, it is apparent that in addition to his psychosomatic studies one of Felix Deutsch's main contributions to clinical psychiatry was his success in applying psychoanalytic theory to the interview. Always an investigator of meaning, he searched continually for the motivating forces that rule men's destinies and he taught his students how to find them in everyday speech. He had an extraordinary ability

to link what appeared to be a series of unrelated historical details and then convincingly prove the soundness of his constructs during an interview. His expositions of psychoanalytic and psychosomatic principles were marked by a serene clarity enlivened by dramatic comment, quaint phraseology, and incisive illustrations. An ever-increasing number of medical students, psychiatrists, and people in associated disciplines came to hear him. In 1952, the growing demand for his teaching forced him to expand his activities to include the Boston Veterans Administration Mental Hygiene Clinic and, a few years later, he added to his busy schedule the Massachusetts Memorial Hospital of Boston University where he was made an honorary professor. He was also a visiting professor at the Smith College School of Social Work from 1942 to 1950.

In 1954, a special meeting was held by the Boston Psychoanalytic Society to celebrate the seventieth birthdays of Felix and Helene Deutsch. This event was an affectionate tribute from colleagues, students, and friends to these colorful and beloved personalities.

No account of Felix Deutsch can omit a richly deserved mention of his wisdom, profundity, personal integrity, and the self-sacrifice involved in his teaching within and outside the Boston Psychoanalytic Institute. His students could always rely on his loyalty and sincerity, and he always encouraged research in younger colleagues. Many generations of psychiatrists and psychoanalysts will derive guidance and stimulation from his writings. It will be difficult to become reconciled to our loss.

WILLIAM F. MURPHY, M.D.

## BOOK REVIEWS

AUF DEM WEG ZUR VATERLOSEN GESELLSCHAFT. IDEEN ZUR SOZIAL-PSYCHOLOGIE (On the Way to a Fatherless Society. Ideas on Social Psychology). By Alexander Mitscherlich, M.D. Munich: R. Piper & Co. Verlag, 1963. 499 pp.

Alexander Mitscherlich, Professor of Psychosomatic Medicine at the University of Heidelberg and Director of the Psychoanalytic Institute in Frankfurt, has undertaken a tremendous task in writing this book, an outgrowth of his experiences as psychoanalyst and suffering observer of what happened in Germany. In 1949 and again in 1960 Dr. Mitscherlich published collections of documents demonstrating the horrible acts which a number of physicians, men of high academic standing, had committed during the Hitler regime.<sup>1</sup> His present work investigates certain psychological effects of industrial mass society and conditions that make it possible for cultural and moral norms to break down to such a degree. The title of the book shows the influence of Paul Federn, who in 1919 published a paper, *Zur Psychologie der Revolution: Die vaterlose Gesellschaft* (On The Psychology of the Revolution: The Fatherless Society).

Mitscherlich applies modern biology, social science, and psychoanalysis to understanding present-day man in Western civilization. A review can only attempt to present the main theme. Man, he says, a newcomer in each of his cultures, does not come into this world with an inherited pattern that determines his behavior toward his environment. In contrast to animals, governed by instincts, man has no inborn steering mechanism for his drives; control must be learned from his group in the manner specific to it. Birds of passage orient themselves by inherited abilities but we need for this purpose to acquire knowledge accumulated by many generations. This means that man depends on his environment to learn mastery of his drives and must accept its solutions. The natural sciences demonstrate the development of life from primitive forms to the stage in which life becomes conscious of itself. This develop-

<sup>1</sup> Mitscherlich, Alexander and Mielke, Fred, Editors: *Medizin ohne Menschlichkeit. Dokumente des Nürnberger Ärzteprozesses* (Medicine Without Humanity. Documents of the Nürnberg Doctors' Trial). Frankfurt: Fischer Bucherei, 1960.



ment of the scientific understanding of man's evolution and his infinitesimal place in the universe has made increasingly difficult the projection of responsibility on an anthropomorphic god, a kindred being. There remains the question how mankind can get along without its group-specific social order (the family structure with paternal authority) in the enlarged scale of the modern world. What form will society take in a society not controlled by a mythical father or his earthly representative? Drive forces are increasingly released, set free from traditional protections. It is true that evolution unfolds at the same time the forces of consciousness; but the question remains whether these forces of conscious reasoning can replace the former authorities and take over control of the released instinctual drives. For many people the loss of a secure world order means such a disappointing and anxiety-producing experience that they try to escape from it by regressing into irrational attitudes.

But Mitscherlich's main argument is that the evolution of modern industrial mass society has reduced the role of the father (not only the mythical father) to such a degree that he has become 'invisible'. This effacement of the father image is inherent in our civilization. Work, as industry has become more complex, becomes so fragmented, so devoid of life, and so incomprehensible to the child's mind (compared to older forms of handicraft or agriculture) that the image of the father as worker disappears. In former stages of society the means to master life passed on through the generations. The father's place in his work and social life could become an understandable model. This process of learning from the father as part of education used to be taken for granted; a problem arises if life and work undergo constant revolution and the former style of life disappears. As visible paternal instruction by example is lacking, youths orient themselves by each other's example. Nor is the state any longer the father; a deeper dependency develops—'one leans upon it [the state] as upon a mother goddess with countless breasts'. Individual initiative has less and less chance, which contributes to an oral regression.

The theories of science in the last few decades, incomprehensible to most people, reduce man's role and image of himself in the universe. This weakening of anthropomorphic concepts should have strengthened rational and conscious thinking; but here the 'disappearance of the father' is of decisive consequence because with-

out an inner security derived from this model, the greater insecurity of the new world view is difficult to endure. This weakening of the father image of the growing child in the family and religious world view is repeated in his experience of society's power relations which become increasingly anonymous, impersonal, and hard to perceive. Industrial development leads to division of control, power is exercised, but no identifiable individual exercises the power. 'The fatherless child [also, increasingly, motherless] grows into an adult without masters; he exercises anonymous functions and is governed by anonymous functions.' One has no live image of power relations.

Thus industrial development weakens the child's father image, and when he is grown up he experiences the fatherlessness for a second time in the social and ideological sphere. Modern mass movements are discharges of tensions created and not resolved by these developments.

Mitscherlich's suggestions for raising children are of general nature and do not brighten the rather gloomy landscape of his work. He advises guiding the child toward critical consciousness. He believes that the survival of a humane order depends on the solution of this task.

In his arguments supporting his main thesis the author touches upon many problems. Interesting are his remarks about the leader of the masses who at the same time promises and threatens. He does not really replace the father, but rather becomes the imago of a primitive mother-goddess. 'He himself acts as if he were superior to the conscience and provokes a regressive attitude of obedience and sponging which belongs to the child in the preœdipal phase.' The responsibility remains with the leader. Goering said, 'I have no conscience. My conscience is Adolf Hitler.' If the leader fails, he is simply abandoned and extinguished from memory.

The main thesis of the author leads essentially to questions of identification. No superego ties characterize the identifications in modern society; the masses are bound together through identification in their id wishes.

Mitscherlich comes to the conclusion that the regressive adjustment to social changes is noticeable on all levels of society. It is a necessary task to explore the mutual effects of social conditions and affective responses. His work is significant as one of the rare serious attempts to use the tools of psychoanalysis for an understanding of

changing society and the impact of these changes on man's psychology. There is no doubt that the character of our patients has changed since Freud wrote his case histories, but our literature has thrown little light on this problem. And while Freud contributed so much to understanding of the civilization of his period, psychoanalysis has not contributed much to understanding of the present age, and of such problems as the growth of delinquency or the intellectual despair in cultural circles. The 'discontent in our civilization' has aspects other than those it had in the period when Freud wrote. Mitscherlich's effort is a step in the direction psychoanalysis must take to maintain its significant place in a changing civilization.

HENRY LOWENFELD (NEW YORK)

**SLEEP AND WAKEFULNESS.** By Nathaniel Kleitman. Revised and Enlarged Edition. Chicago: The University of Chicago Press, 1963. 550 pp.

Sleep and Wakefulness in its new edition brings up to date the book first published in 1939. It is simultaneously a scholarly monograph and an encyclopedia with an impressive bibliographical list of 4337 items, almost entirely of papers and books that deal with the physiology of sleep and states resembling sleep. Notably included are many references to papers on the physiology of sleep and dreaming by Kleitman and his co-workers, most of which are widely known. In the long list psychoanalytic authors are represented too, though not extensively. Indeed, oddly, the little booklet here called *Dream Psychology—Psychoanalysis for Beginners* is the sole reference given for Freud himself, although Federn, Charles Fisher, Garma, Isakower, this reviewer and some others are given several references.

The text arises as if from this extensive reading, and the excellent list shows the page on which the work is mentioned or discussed. The book attempts a comprehensive and critical survey of the phenomena of sleep and states resembling sleep, and the thirty-six chapters are arranged in eight large divisions: 1, Functional Differences between Sleep and Wakefulness; 2, Course of Events during the Sleep Phase; 3, Periodicity; 4, Interference with Sleep and Wakefulness; 5, Spontaneous Changes in Sleep-Wakefulness Rhythm;

6, Means of Influencing Sleep and Wakefulness; 7, States Resembling Sleep; 8, Theories of Sleep.

The psychoanalyst and the psychiatrist will find much of general interest and much that comes close to his own special interest. There are chapters on the work done on motility during sleep, dreaming (with relevant EEG and eye motility studies), the depth of sleep, the duration of sleep, and awakening. One chapter deals with the deprivation of sleep; in others there are discussions of pathology, narcolepsy, cataplexy, encephalitis lethargica, hypersomnias, hypsomnias, and other sleep abnormalities, as well as hibernation, hypnosis, sleepwalking, sleep talking, etc. This partial list indicates the scope of this remarkably condensed text.

In his discussions, Kleitman is cautious but convinced. He rejects Pavlov's idea that 'sleep is a generalized cortical inhibition' and dreaming a partial one. Kleitman states that 'dreaming may be considered a crude type of cortical activity associated with a recurrent appearance of stage 1 EEG in the course of a night's sleep. . . . As such, dreaming need not have a special function and may be quite meaningless. The effects of dream curtailment, discovered by Dement, may be due to interference with an acquired habit.' (His analogy is the cutting off of the supply of sweets if one has a craving for them.)

As is well known, Kleitman distinguishes between 'primitive' sleep such as that shown by anencephalous children with its characteristic period, and the later 'monocyclic' sleep that involves the cortex and shows the effect of maturation and 'acculturation'. 'Advanced sleep with dreaming is as inevitable a consequence of cortical development as is advanced wakefulness with thinking. Teleological explanations are as superfluous for one as for the other. . . . In sum, according to evolutionary theory, in man the innate two-to-one polycyclic alternation of dreamless sleep and primitive wakefulness is a subcortical, probably mesodiencephalic, function, and the individually acquired one-to-one twenty-four hour rhythm of sleep with dreaming and advanced wakefulness is a cortical function.'

For Kleitman dreaming is meaningless; he has resolutely excluded all teleology and has essentially adhered to Aristotle's statement that the dream is a form of consciousness. Dreaming is only like thinking; its content similarly is not part of the 'objective' world that Kleitman's method defines and delimits epistemologically. He



is uninfluenced by Freud's various ideas and distinctions and for this reason can say that 'the study of dreams is ancient lore, and whereas astrology had long ago given way to astronomy, concerning dream knowledge and understanding moderns are not much further advanced than the ancients'. He hopes to substitute 'objective' methods of study for the study of 'subjective accounts'. Meanwhile people dream and associate to the unreliable accounts, and some of the problems this dreaming raises get some sort of solution. Teleology too has its victories.

B. D. L.

**THE CLINICAL USE OF DREAMS.** By Walter Bonime, M.D. New York: Basic Books, Inc., 1962. 343 pp.

In *The Clinical Use of Dreams* Bonime describes a therapeutic method of dream investigation derived from Horney, Robbins, Sullivan, and Fromm. An introductory chapter, *The Dream in the Therapeutic Situation*, deals with technique and eleven succeeding chapters with special aspects of dream analysis. Particular attention is given to symbolism, anxiety, feeling, sexuality, interpretative activity, and the place of the analyst in dreams. There are chapters on *Introductory Dreams* (describing the use of initial dreams in introducing the patient to the free-association procedure), on the *Evidence of Evolving Health in Dreams*, and on *Terminal Dreams*.

Bonime places his major emphasis on the 'here and now' and the current state of the relation between patient and therapist. His book contains many clinical illustrations and the dreams are amplified by the author's comments on problems of cynicism and competitiveness in our culture; these comments often color his therapy.

In the foreword, Montague Ullman stresses the originality of the author's treatment of symbolism and feeling in dreams. It is true that Bonime has developed these topics helpfully, as, for instance, in his emphasis on the need for grasping the patient's 'personal glossary' of symbols, but he has not added to what is contained in *The Interpretation of Dreams*. He has indeed discarded much of Freudian theory and, in so doing, has sacrificed the opportunity to reveal the power of dreams to contribute to therapy by unifying present and past, theory and practice, a task so well performed by Ella Sharpe.

There is originality in Bonime's book but it is less the originality of a theorist than the personal account of a skilled and experienced

psychotherapist who, with an unusual ability to communicate his ideas to others, describes what he does and how it works. Because of this, the hope expressed in the preface that his book will be read by workers in other disciplines as well as by those in psychoanalysis may well be realized. This reviewer has already learned from residents in psychiatric training that *The Clinical Use of Dreams* is instructive and helpful in their psychotherapeutic work.

There are few literary references in this book—a fact partially attributable to its essentially clinical character, but one cannot but be struck by the absence from the index of the names of Sharpe, Ferenczi, Rank, Lewin, and Jones.

DOUGLAS NOBLE (WASHINGTON, D. C.)

**BODY, MIND AND THE SENSORY GATEWAYS.** By Felix Deutsch, M.D. with the collaboration of Donald Thompson, Charles Pinderhughes, and Harold Goodglass. New York: Basic Books, Inc., 1962. 106 pp.

The late Dr. Deutsch proposes (as have also Freud and Piaget from different sets of data) that the infant's first awareness of environmental objects begins with the sensory experience of his own body in relation to the object. Thus every perception of an object is 'a composite of very early cathected sense perceptions which were once formed into a body ego. These sensory constellations became fused through partial identification with sensorially perceived parts of other objects qualified to represent the ideational image of a mother or father, woman or man.' If this is so, then 'any sensory signal must by necessity reach down to early memories, since sensory impressions belong to the first objectless sources of psychic development. They are the sensations of that pre-ego period before strong defenses (superego forces) are developed. All sensory stimuli—external and internal—lead to memories of object relationships on a pregenital and primary narcissistic level. These stimuli trigger memories of these relations on a preverbal level.' This hypothesis, says Deutsch, can be applied in his method of 'associative anamnesis'. 'Objectless sensory stimuli initiating the interview should pierce the unconscious at an instant when the defenses against tabooed object relations are not thoroughly alerted.'

Deutsch examined his hypothesis by carrying out six associative anamneses with four patients, using different initial sensory stimuli.

These included noisily pushing aside an ashtray, lowering the room temperature, use of a stuffy room with one patient, a bad smelling room with another (odor of cat feces and ammonia), and a darkened room with yet another. One patient was subjected to three interviews by three different investigators, using an odor, cold, and darkness in that order as the sensory stimuli. All of the patients were neurotic men between the ages of twenty-five and thirty-eight of working class background who were being cared for in a Veterans Administration facility. All interviews but one were tape recorded and transcribed in full in the text. Notable in the technique was that the interviewer in an offhand way called attention to the sensory stimulus in his first or second comment to the patient.

The interviews, transcribed from tape recordings, appear to show that the sensory stimulus influenced the content and flow of the associations, but this impression must be tempered by the fact that the interviewer also frequently re-enforced both content and flow by responding more actively to such associations and by repeatedly calling attention to the sensory stimulus. That the sensory stimulus actually facilitated and accelerated development of the associations that revealed the unconscious meaning of the symptoms in each case is therefore not in fact verifiable from the text. Nonetheless, the authors pronounce it as 'obvious'. It may be that they are correct, but unfortunately the design of the study does not permit a conclusion.

How does one establish the validity of psychoanalytic concepts? Most psychoanalytic situations are hardly experimental in the proper sense of the word and hence cannot be subject to the usual tests of reliability and validity. For the most part we are constrained to rely upon the consistency with which a phenomenon occurs in the course of psychoanalytic work, clearly not so much a statistically verifiable datum as a weighted clinical impression. A judgment that a fact is 'obvious' cannot be discounted simply because it has not been subjected to some methods of experimental or controlled verification, but this cannot justify failure to apply such tests when they are possible. In the present study, for example, there are a clearly stated hypothesis and a deliberate attempt to set up an experiment to study it. It is here that the fine psychoanalytic talents of the authors prove insufficient, for they fail to meet even the most elementary requirements of the well-conceived experiment. Indeed, they stop where the good investigator would have begun—that is,

after the preliminary observations had appeared to yield results in keeping with the hypothesis. At this point the well-equipped investigator would have proceeded to design the study in such a way as to control those variables capable of being controlled, while sharpening the definition of the questions to be posed. How can one make a comparative statement about the speed and depth of penetration into the unconscious of a sensory stimulus without providing some basis for comparison, as, for example, by using interviews in random order in which the stimulus is remarked upon by the interviewer, not remarked on, or absent? Conditions of the subjects before the interviews, standardization of the stimuli, criteria for 'speed and depth of penetration into the unconscious'—must not these and other questions be taken into account?

My criticism is not so much that the authors did not meet these scientific requirements, but rather that they report their conclusions as if they had. At the same time they are to be commended for publishing the complete transcript of five interviews, thus giving the reader the opportunity to make his own judgment of the quality and meaning of the data. This reviewer found them to be consistent with the hypothesis but hardly to constitute proof. Also to their credit the authors did not hesitate to test the psychoanalytically derived hypothesis on patients not in analysis, thus adapting the method to meet the requirements of the problem, rather than vice versa. The insistence on adhering to a pure psychoanalytic technique and setting when examining a psychoanalytically derived hypothesis has not always been the most fruitful way of proceeding.

Read as a proposal for further research this book has much merit but as a demonstration of the validity of the authors' ideas, it leaves something to be desired. Perhaps an analyst conversant with experimental design in behavioral research will take up the challenge and pursue further these interesting ideas, which remain unverified in the present work.

GEORGE L. ENGEL (ROCHESTER, N. Y.)

EXPRESSION OF THE EMOTIONS IN MAN. Edited by Peter H. Knapp, M.D. New York: International Universities Press, Inc., 1963. 351 pp.

This volume, based upon a symposium at the American Association for the Advancement of Science in December 1960, is first con-



cerned, in Darwinian tradition, with origins. The second group of papers considers the levels at which emotional phenomena can be specified clinically. The third group is a synthesis of the material. The volume is well organized, the papers well written.

An experiment with the associative anamnesis described by Dr. Felix Deutsch will capture the interest of the clinician. Interviews with sensory stimuli impinging on both patient and interviewer are studied and discussed by the various participants who arrive at widely divergent opinions. Study of the interview at the lexical and linguistic level yields a different order of information from that derived from kinesic or visceral levels. The conclusions arrived at by clinical observation are at variance with those from different disciplines, and the conclusions of the clinicians themselves differ. This reviewer is in accord with Dr. Colby, who says that the psychoanalyst will become more firmly convinced that the human being **can be studied only as a person.**

MORRIS W. BRODY (PHILADELPHIA)

**PSYCHOGENIC PSYCHOSES. A Description and Follow-up of Psychoses following Psychological Stress.** By Poul M. Faergeman, M.D. Washington, D. C.: Butterworth, Inc., 1963. 268 pp.

The concept of psychogenic psychoses, alien to American psychiatric thinking, has been intensively studied and debated by European psychiatrists for more than fifty years. Psychogenic psychoses include what we should label severe reactive depressions, reactive disorders of consciousness (such as stupors, delirium states, and states of depersonalization), hysteria, and, in many instances, traumatic neurosis. The concept is not equivalent to 'functional psychoses'. Schizophrenia and manic-depressive psychosis are not included among psychogenic psychoses and have to be differentiated.

Faergeman has clarified the concept, which he believes valid, by bringing to the problem his rich clinical experience, his familiarity with the Anglo-American and European literature, and, above all, his psychoanalytic training and experience. Although interested in refining nosology, he eschews phenomenologic hair-splitting and preoccupation with questions of mind versus body. Psychoanalytic theory, particularly the concept of predisposition to neurosis or psychosis because of specific unconscious conflicts, is shown to be

essential to understanding the multitude of clinical manifestations that are precipitated by the relatively few types of experiences of stress. The abundant and well-presented clinical evidence strongly supports Freud's concept of the complementary series: 'As is the case for epileptic seizures, so too for the psychogenic disorders the constitutional and acquired dispositions are inversely proportional to the environmental stress factor'.

The historical, clinical, and comparative psychiatric content of this book will be of interest to psychiatrists and psychoanalysts in general. Because of its psychoanalytic content one hopes it will have wide circulation among European psychiatrists.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

SCIENCE AND PSYCHOANALYSIS. Vol. V. Psychoanalytic Education.

Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1962. 332 pp.

The fifth publication of the Academy of Psychoanalysis compiles the proceedings of a symposium on psychoanalytic education which took place in 1961. In striking contrast to *Psychoanalytic Education in the United States* by Bertram D. Lewin and Helen Ross, which limited itself largely to a factual survey, this book is replete with speculations and recommendations relative to the future of our discipline. It contains proposals to the effect that psychoanalysis be revitalized by infiltration with the concepts and methods of other disciplines, that it be reorganized under different auspices, and that it be fused with other forms of therapy.

The theoretical papers that constitute the first part of this volume are concerned with education in a broad context. The authors consider the benefits that might accrue to psychoanalysis as a science from a scholarly study of its own history, from a wider acquaintance of psychoanalysts with recent advances in evolution, genetics, and physiology of the brain, from more critical attention to normative issues, and from the use of alternative psychological models.

Recommendations for reorganization run the gamut from proposing affiliations to suggesting their implementation. The variations on this theme which find expression point up the dissonance that can result when the disciplines clash. For example, some of the

authors bring strong arguments for the integration of psychoanalysis within 'comprehensive medicine'; some present with equal conviction the importance of establishing educational programs which articulate primarily with the behavioral and social sciences. Those papers that address themselves to implementation result in a confusing medley of proposals for organizational changes. Some would abolish institutes, after setting up a six-year medical school program for the education of psychotherapists [*sic*]; others would house all psychoanalytic teaching within a nonmedical university. More conservative champions of the liaison of psychoanalysis with the social sciences state that this could best be accomplished by the loose affiliation of institutes with universities.

In considering technique, widely divergent methods and goals become apparent. One author labels regression to pregenital, pre-conflictual phases of development as 'untherapeutic'. Another author recommends fostering regression to the point of achieving a 'transference-symbiosis'. Social and clinical applications stress sociocultural factors in the treatment of the neuroses as well as in their genesis. One author expresses doubts regarding any correlation between theoretical points of view and therapeutic outcome.

Several papers reiterate the familiar plea for research. Recommendations are made for research into the processes and concepts of psychoanalysis and its educational philosophy; into the therapeutic method and the results of the 'standardized technique' as well as its 'experimental variations'. Directives for such ambitious projects are left largely to the ingenuity of the reader.

In consonance with previous proceedings of the Academy of Psychoanalysis, a guiding principle appears to run throughout this symposium: that change instigated by controversy and innovation will best serve progress in our field. Such an assumption is open to considerable doubt when, as in this publication, controversy takes precedence over clarification of the complex issues involved and innovation is proposed without assessment of the educational program under consideration. Although many of the papers in this volume prove to be well written and thought-provoking, considered as a whole its contents give rise to a basic question. Is the Academy, as the title implies, concerned with psychoanalytic education or with relating psychoanalysis to other disciplines by which eventually it is to be replaced?

HELEN H. TARTAKOFF (BOSTON)

BERTHA PAPPENHEIM: *LEBEN UND SCHRIFTEN* (Life and Works). By Dora Edinger. Frankfurt: Ner-Tamid, Publisher, 1963. 156 pp.

The student of the history of psychoanalysis will be delighted to have this little book on Bertha Pappenheim written by her friend, Dora Edinger. The reader, however, must not expect a psychoanalytic study. There is no new information about her family or her early childhood. Her contact with Joseph Breuer and her importance to Sigmund Freud and the origins of psychoanalysis are mentioned in less than one page, where the author refers to 'the unauthorized publication of the patient's identity as Fraulein Anna O'. Bertha Pappenheim referred only once to psychoanalysis in all her published works. She wrote, 'Psychoanalysis is in the hands of the physician what the confession is in the hands of the Catholic priest: it depends on who uses it and how, whether psychoanalysis is a good tool or a double-edged sword'. Psychoanalytic treatment remained strictly forbidden for any person working with her or for her.

As we already know from Ernest Jones, Anna O remained unmarried. In her long life (1859-1936) she became one of the most fearless, courageous, and untiring workers for the emancipation of Jewish women in Germany. With great energy she fought against white slavery, other forms of prostitution, poverty, and tuberculosis, and for the rights and welfare of women.

There are selected quotations from her books, letters, and reports of her travels, a few poems and prayers, and startling sketches of her own obituary—for example: 'The Jewish community of the world—men and women—could be grateful for her social action. But this they are not. What a pity [*schade*]!' Two charming photographs show 'Fraulein Anna O' as a young woman at the time when she was under the care of Breuer and Freud, and as an impressive, kind, and alert lady of seventy-seven—still of great beauty.

MARTIN GROTJAHN (BEVERLY HILLS)

SIGMUND FREUD: *A NEW APPRAISAL*. By Maryse Choisy, Ph.D. New York: Philosophical Library, Inc., 1963. 141 pp.

One of the penalties of being a genius is that after death many who have known one only slightly will write personal memoirs at-



tempting an interpretation of one's greatness. This seems to be the fate of Sigmund Freud, a fate unavoidable considering the nature of his contribution to mankind, his personality, his long life, and his many contacts with other men.

Choisy, president of the Association for Applied Psychoanalysis, had three analytic sessions with Freud, a treatment then broken off and apparently never resumed with him. On this she bases her 'new appraisal'. She has also read his works, his letters, and his biographies, these are put together with the author's own 'psychoanalytic' and 'philosophic' understandings. What emerges is the picture of a man who only late in life discovered within himself a fear of death which he used to bring forth his theory of death instinct and which, Choisy believes, brought him close to the philosophy of early Hindu thinkers. Choisy presents her evidence that such a fear of death was all-pervasive and existed throughout much of Freud's life. In an effort to deny it he was led first to discover and write of libido and sexuality. Later he came to an acceptance of death and, toward the end of his life, to a way of living with it. Mixed with this thesis is much philosophic and religious discussion which, to this reviewer at any rate, serves only to becloud her presentation.

Choisy gives an interesting account of her approach to Freud's home, her initial impression of him, and the beginning of treatment. The most intriguing part, however, is the point at which her narrative breaks off. She recalls reporting to Freud an incomprehensible dream, which is given in the book, together with a few associations. She then describes how Freud pondered for a few moments, after which he proposed a reconstruction that 'such and such an event happened in your family when you were still in the cradle'. She broke off her analysis at this point, and here she breaks off her narrative, too. We do not know what the reconstruction was; we learn only that she rushed to her home in France, confronted her family, and found that Freud was right. It would be most interesting to know what was put together, but that apparently would be too revealing of personal secrets. Beyond this vignette of Freud's acumen, Choisy had no personal experience with him.

In short, to the psychoanalytic reader, this 'new appraisal' of Sigmund Freud offers little about the man or his genius.

EDWARD D. JOSEPH (NEW YORK)

EXPERIENCES IN GROUPS AND OTHER PAPERS. By W. R. Bion. New York: Basic Books, Inc., 1961. 198 pp.

This book contains nine previously published articles derived from the experience of Bion (some of it with Richman) in using intra-group tensions in work and psychotherapy groups, first of soldiers and later of patients at the Tavistock Clinic since 1943.

Every group, says Bion, is motivated by certain 'basic assumptions'. The first is 'that the group is met in order to be sustained by a leader on whom it depends for nourishment, material and spiritual, and protection'. The second assumption is the pairing assumption: the group has come together for purposes of procreation, not merely for sexual purposes, but to provide the hope that, through the appearance of an as yet unborn leader (a genius or messiah), the group and its members will be preserved and fulfilled. The third basic assumption is that of fight-flight, 'that the group has met to fight something or to run away from it'.

These ideas are inactively present in all individuals and become active and observable only when a group comes together. They underlie social, organized groups such as the church, the army, and the aristocracy. They are unconscious, emotional, and completely irrational in contrast with the conscious and rational attitudes of the work group. They cause the group to seek a leader—an unborn genius, an idea, a bible, a patient in a therapy group—who will further these basic aims of the group. The leader is also subject to these aims. One basic assumption alternates with another in the unconscious mental activity of the group. Anxiety arises when the group comes too much under the sway of these basic assumptions; it then turns to another leader—the therapist in a therapy group—to guide it back to the rational goals of the work group.

Bion's last chapter attempts to relate these concepts to other psychoanalytic views of group dynamics; he believes that they supplement rather than contradict those of Freud. Freud focused only on the pairing assumption and the more neurotic (the more developed, less regressed) aspects of this as it developed from the relationships of the family. Bion believes his views, derived from those of Melanie Klein, give a more basic and complete view of the dynamics of the mental activity of the group. 'Each basic assumption contains features that correspond so closely with extremely primi-

tive part objects that sooner or later psychotic anxiety, appertaining to these primitive relationships, is released . . . the basic assumption phenomena appear far more to have the characteristics of defensive reactions to psychotic anxiety. . . . it is necessary to work through both the stresses that appertain to family patterns and the still more primitive anxieties of part-object relationships. In fact . . . the latter . . . contain the ultimate sources of all group behavior.'

A main function of the therapist in group psychotherapy is through interpretation to help the group become aware of the interference by the basic assumptions with its work group activity. For example, a woman patient told a group about her fear of choking if she ate at a restaurant and of her embarrassment over the presence of an attractive woman at her table. The group responded negatively, mumbling that they did not feel like that. Instead of interpreting as he would to a patient in individual analysis, Bion pointed out to the group that this response showed their 'anxiety to repudiate that the woman's difficulty . . . was theirs and furthermore [to show] that they were . . . superior to the woman'. These interpretations were not concerned with the individual significance of the woman's anxieties but more with her reaction in the group. They were made to try to help her see that she was having 'disagreeable emotions connected with being the receptor in a group which is resorting freely to projective identification'.

Such an example—and Bion gives others—has many limitations for understanding the complex ideas and relationships involved. A major defect in the book is, in fact, its lack of adequate clinical illustrations. Nevertheless the volume is most interesting and important. Bion is one of the few group therapists to attempt to study, from a truly psychoanalytic point of view, the dynamics of the mental activity of a group. His ideas need refutation or confirmation by additional studies, but he has indicated an approach and a method of studying and treating groups that is psychoanalytic. In this sense, he has made a real contribution to the psychoanalytic approach to investigation of the dynamics of the group.

AARON STEIN (NEW YORK)

THE FAMILY AND HUMAN ADAPTATION. By Theodore Lidz, M.D.  
New York: International Universities Press, Inc., 1963. 120 pp.

If the psychoanalyst lives in an ivory tower, this book shows what a splendid vantage point an ivory tower is for viewing mankind

from China to Peru. Not that the author depends on the far-flung researches of the anthropologist or sociologist. Rather, he finds in his clinic, in thorough investigations of schizophrenics and their families, a starting point from which to explore civilizations ancient and modern.

In three lectures, originally given at Tulane University, he concerns himself with the threat of the collapse of whatever social values we have today. He points out what is all too frequently ignored, that the family of yesterday, a cohesive clan consisting of parents, two couples of grandparents, numerous aunts and uncles, and a multitude of cousins, capable of offering impulsive traditional advice and willing unskilled help, is seldom found in the United States today though it persists on other continents. The typical child today is confronted with only two adults, his parents, whose ancestors may have spoken different languages and who are guided and supported by new found precepts and intellectual novelties rather than by other people, since they probably live in an environment of new acquaintances. The need for maturity in such parents is greater than ever before since they must inculcate in their children the adaptability necessary to live with the ever-quickenings variants of life imposed by expanding technology.

And of what does such maturity consist? By demonstrating how children suffer from their parents' inadequacy, the author shows the need for marital partners to form a reciprocating coalition, to maintain the boundaries between their generation and the next, and to fulfil their sexual and sex-linked social roles.

This microcosm of the family is united to the macrocosm of its culture by the words it uses. Following Whorf, the author exemplifies the fact that the specific qualities of a language influence its user's mode of experiencing life—that it 'constitutes a type of social contract unwittingly imposed'. How paramount then is the parents' role in modifying the child's spontaneous babble into sounds that have meaning in his culture, and which elicit desired responses! The schizophrenic, seen as part of his familial matrix, shows how father and mother have hindered adaptation and integration by their unrealistic thinking, whether this takes the form of masking disagreeable situations, inconsistency, rigidity of defenses, or any one of many other kinds of the distorted use of speech.

This sketchy synopsis does not indicate the outstanding charac-



teristics of this small book—its richness, its clarity, its firm clinical basis, and its provocation of new and exciting trains of thought in the reader on nearly every page.

GERALDINE PEDERSON-KRAG (NORTHPORT, N. Y.)

**POSITIVE ASPECTS OF CHILD PSYCHIATRY.** By Frederick H. Allen, M.D.  
New York: W. W. Norton & Co., Inc., 1963. 300 pp.

An interesting retrospective of the child guidance movement in America is found in this book which contains the major papers of the late Dr. Allen, student of Adolf Meyer and founder of the Philadelphia Child Guidance Clinic and for thirty years its director. The papers published from 1929 to 1963 are divided into five sections: Historical Aspects in Child Psychiatry, Basic Principles, Clinical Application of Principles, Training, and The Relation of Child Psychiatry to Allied Fields.

The old problem of the roles of members of the guidance clinic team is discussed in papers written over many years. Dr. Allen points out that proper functioning of the psychologist, social worker, and psychiatrist in the clinic involves a differentiation of function rather than a blurring of these differences. Unfortunately, he does not clarify the differing roles in guidance clinic practice. The idea that the child is central and therefore 'in therapy' whereas the parent receives 'casework' is unconvincing. He states that social workers can be and are therapists, but only when they receive training beyond that in social work.

This volume is worth while for those interested in a historical account of a child guidance clinic and in the thoughts and concerns of a distinguished teacher and writer in child psychiatry.

MYRON STEIN (NEW YORK)

**A READER FOR PARENTS. A Selection of Creative Literature About Childhood.** Edited by Child Study Association of America.  
New York: W. W. Norton & Co., Inc., 1963. 463 pp.

Eleanor Roosevelt as a child told lies 'for a number of years'; little Oliver Wendell Holmes had a phobia of ships and engaged in all

sorts of superstitious compulsions. Parents, and perhaps even children too, may take comfort in the knowledge that these and other 'disturbed' children whom they can learn about in this Reader turned out well after all. They can also learn here all sorts of other things not made clear in the writings of the professionals on childhood and adolescence. James Joyce conveys the eerie quality of two boys' encounter with a soft-spoken, confused old pervert, and Charles Jackson shows the effect produced upon children by the sudden arrival at their house of an unheard-of down-and-out uncle. Harold Brodkey and William Shakespeare portray in very different ways the fierce unhappiness of a child abandoned it seems by those he relies upon to help him meet the alluring terror of first love. . . . How do they know these things so well? Why writers and artists understand psychology so much better than students of the subject (including psychoanalysts) is an unanswered question taken note of by Freud himself. This Reader makes clear once again that they do.

This is a remarkably good book, by no means to be enjoyed only by parents. The selections, which illustrate various times and happenings of childhood and adolescence, come from widely various sources (stories, novels, poems, plays, autobiographies) and are long enough to be satisfying. Perhaps their greatest merit is that they suggest to us where to look for more, and who would have thought of turning to the writings of such people as Charles Chaplin, Jr. or Winston Churchill for delicate portraits of childhood?

Anna Wolf, who always writes well, seems herself to have been touched by the magical sensitivity of the writers in this anthology, and her introductions to the groups of selections are more than ever perceptive and clear,—and sometimes, moreover, unique, for some of them touch upon affairs of childhood not elsewhere written about, or at least not written about nearly so well.

G. F.

**THE BOY WHO SAW TRUE.** With an Introduction, Afterword, and Notes by Cyril Scott. London: Neville Spearman, 1961. 248 pp.

This fascinating little book purports to be the diary of a Victorian boy gifted with the ability to see and talk with spirits of the dead as well as gnomes and fairies, and to see about the heads of persons he meets 'auras' curiously indicative of their psychological states.

These revelations of the occult, though it must be confessed that they carry more plausibility than most such productions, will not recommend the book to psychoanalysts. But it does deserve attention as one of the very few books that convey to us in the child's own words what childhood was like in an earlier time, and it tells us besides what the Victorian child observed and what he thought about matters supposed until Freud to be no concern of his. We learn, for example, about his overhearing a mysterious 'accident' suffered during the night by the newlyweds in the next room at the hotel. He speculates about the nature of adultery and why the maid was so suddenly fired by his parents. Always of such matters he knows nothing, yet somehow implies at the same time full understanding in a different part of his consciousness. Always his style is vivid and so full of a charming and indescribable naiveté as to bring conviction that the diary is genuine.

The boy, who seems to be about nine years old at the start of the journal, shows a taste for anal matters: flatus, 'rude' words, the nature of buttocks. His Sunday School teacher replied to this last question that she had never heard of them, and the same unfortunate lady, cornered by his insistence that she explain circumcision, told him she believed it meant removal of a piece of skin from the baby's forehead.

On November 17, 1885, we learn that,

There is something up with mamma. She has been staying in bed for breakfast. And today when we were in the dining room she was sick in the coal-box because she couldn't get to the closet in time. . . . She is getting all fat about the middle like the Vicar. . . .

December 23. She has got still fatter . . . I can't make it out. . . .

February 10. Auntie Maud has just told me . . . I've got a little sister. . . . 'How old is she?' I asked. . . . 'Why she's only a tiny baby.' 'Oh, I see', said I. 'I merely wanted to know because if doctors bring babies in a bag, why must they be always the same age? Why can't they keep them for a bit like people keep eggs?' And Auntie seemed to think that very funny.

The diarist is, in fact, a Little Hans, minus phobia and analyst but with the same curiosities and the same teasing scepticism. His diary is a most delightful commentary on childhood and on the repressions of Victorian England.

MODERN CLINICAL PSYCHIATRY. Sixth Edition. By Arthur P. Noyes, M.D. and Lawrence C. Kolb, M.D. Philadelphia: W. B. Saunders Co., 1963. 586 pp.

Psychoanalysts are much involved in the teaching of psychiatry to medical students, residents, and, increasingly in recent years, to general practitioners, pediatricians, and other medical specialists. Moreover, in the expansion of old and the creation of new community psychiatric facilities, we are being subjected continually to overt and insidious pressures for faster methods of treatment not requiring thorough knowledge of psychoanalytic principles or thorough training in psychoanalytically oriented psychotherapy. Indeed it is advocated in some circles that the nation's mental health needs can be met largely by rapidly 'trained' cadres of semi-professional and nonprofessional workers who would be directed and 'supervised' by psychiatrists.

To counteract such regressive blandishments it is most helpful to have a standard textbook of psychiatry that respects the complexity of psychological, biological, and sociological determinants of human behavior—a text that emphasizes the need for thorough training of the therapist before he treats. Noyes and Kolb have given us such a book. It is one of the few textbooks that presents a systematic summary of psychoanalytic theory and the principles of psychoanalytic treatment. Throughout the book the authors indicate the value of psychoanalytic knowledge in the understanding and treatment of any patient. They are most explicit about rigorous psychoanalytic training as a prerequisite to the practice of psychoanalysis.

The volume brings us up to date on valuable contributions in the areas of genetics, biochemistry, and drug therapy. The standard sections on such subjects as psychoses and neuroses are delineated instructively. Commendable too are the handling of the history of psychiatry, the chapters on psychopathology, etiology, and examination of the patient, and the carefully selected bibliographies at the end of each chapter.

A text of this scope cannot possibly cover every subject to every reader's satisfaction. For example, I found the chapter on child psychiatry very meager. Yet even here there is compensation in the splendid bibliography of primary sources. The subject of manic-depressive psychosis could stand rewriting in line with recent psycho-



analytic contributions that seriously challenge the traditional 'cyclic' concept of these disorders. But the shortcomings are trivial when one considers the excellence of the work as a whole—including format and type.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

**IMPOTENCE AND FRIGIDITY.** By Donald W. Hastings. Boston: Little, Brown and Co., 1963. 144 pp.

Too elementary for the psychiatrist in training, this little volume will provide a valuable introduction to the problems of impotence and frigidity for medical students, clergymen, and physicians who lack psychiatric orientation. The author's approach may be described as psychodynamically eclectic. He eschews moralizing, stresses the need for careful objective exploration of various etiologic possibilities, and employs some psychoanalytic concepts constructively. The section on interviewing technique is excellent for beginners.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

**PSYCHOLOGY: A STUDY OF A SCIENCE.** Study II. Empirical Substructure and Relations with Other Sciences. Volume 6. Investigations of Man as Socius: Their Place in Psychology and the Social Sciences. Edited by Sigmund Koch. New York: McGraw-Hill Book Co., Inc., 1963. 791 pp.

It is difficult to know whether the title of this volume is portentous or pretentious. Much depends upon the postscript to the study, which will be published as Volume 7 and promises to be the 'study director's' over-all view and synthesis of the entire series of contributions. The reviewer who has read only Volume 6 is at some disadvantage. It may be that he is raising certain questions that would prove superfluous if he had read Volumes 1 through 5.

Be that as it may, titling this work 'a study' is bound to arouse expectations that the various contributors had engaged in some prior interchange of ideas before writing their presentations. However, there is not much evidence of this, and the present volume is little more than a symposium of loosely connected, albeit scholarly, survey articles. The description of an apparent group enterprise as 'Investigations of Man as Socius' by experts in the various sub-

disciplines of psychology and sociology has a resounding ring. But so far as I can follow the editor's introduction to Study II, the authors of the various chapters did not meet to discuss the integration and reciprocal implications of their contributions. This task was performed instead by the editor and a group of 'consultants' who planned the 'study' and then subcontracted the specific topics to other specialists. In fact an appendix details the 'themes for analysis' that were sent to each contributor in an attempt to give the symposium 'architectural' coherence. The editor himself is somewhat dubious about the success of this steering device when he says, 'the net effect of these circumstances (as already indicated in the introduction, p. 18) is that the architecture of the present set of themes is reflected hardly at all in the architecture of the essays'. This does not mean that the result lacks merit. It does not however fulfil the expectations of a new view of 'man as socius'.

The book begins with a group of essays on social psychology and its interdisciplinary implications for general psychology and the behavioral sciences. Included here is a very scholarly and comprehensive discussion of the problems of psycholinguistics by C. E. Osgood who summarizes recent contributions to this complex field by experimental psychologists, information theorists, and structural linguists. The contributions by anthropologists stress their views on the application of findings related to the study of cultural change to problems in individual and social psychology, as well as the effects of psychology on anthropological studies. Among these is an interesting though technical essay by F. G. Loundsbury, a student of structural linguistics and cultural anthropology. He discusses some of the implications of the study of linguistic forms for psychological processes. His account of lexical units in different kinship terminologies leads him to the conclusion that differing principles of classification are not arbitrary quirks of particular languages but linguistic reflections of social realities in particular societies. The conditioning effect of such linguistic variations on kinship relationships themselves is also suggested. The psychoanalytically oriented reader will find his intellectual appetite whetted by all this, but he will find little encouragement to remain for a more substantial repast. A stimulating group of essays on the relation of psychology to economics and the relevance of psychology to economic theory and economic research concludes the symposium.

The reader whose major interest in psychology and the behavioral

sciences stems from a clinical background will find here a great deal that is new and stimulating. Much of it, however, will leave him with a sense of frustration and the futility of transdisciplinary discourse in an era of rapidly multiplying specialized technical and intellectual skills. Many of the contributors from various disciplines seem to take for granted the reader's familiarity with their specialized concepts and terms in spite of the fact that a quite diverse audience might reasonably be expected to be attracted to such a volume. Nor do the psychologists who speak largely the language of behaviorism make any concession to lexical simplicity. Perhaps a psychoanalyst reveals some lack of awareness of the beam in his own eye in voicing such a complaint. If so, it seems that development of an interdisciplinary Esperanto is necessary before our 'empirical substructures' can be made mutually available.

VICTOR H. ROSEN (NEW YORK)

**HEADS I WIN, TAILS YOU LOSE.** By Charlotte Olmsted. New York: The Macmillan Co., 1962. 277 pp.

The author considers the universal interest in games and compulsive gambling from the anthropological and psychological points of view. Her anthropological data are interesting and informative. For example, astragali, or knucklebones, are described as six-sided bones from the legs of sheep or deer, used much in the manner of modern dice, which are probably their lineal descendants. Specimens, often much worn from use, are found all over the Old World and the New; copies in clay, bronze, or crystal have been discovered in places as far apart as Peru and Etruria, dating back to a very early period. They are still used by some modern Arabs and American Indians.

The descriptions of the gambler and the formulations of the psychology of the gambler are derived by the author from observations made in Gamblers Anonymous, an organization similar to Alcoholics Anonymous, from some individual therapy, and from questionnaires answered by psychiatrists.

According to the author, eventually the true compulsive gambler always loses. If he wins, his first thought is to keep playing or to find another game until he loses. The gambler's behavior is apt to be childish. He deliberately puts himself at the mercy of forces

he cannot understand or control and substitutes magical means of control. He talks to the dice as if they understood him; he is full of private superstitions as to lucky and unlucky days, lucky and unlucky seats, and all sorts of rituals. The person who consults a fortune teller is asking in essence: 'Will I or won't I get what I want? Am I lucky or not?'—the same questions the gambler asks.

Gamblers are noted for being 'cold' people in the sense that they avoid emotional involvements with other people by shunning activities such as jobs, hobbies, or artistic creation, useful causes, or other organized social purposes. One of the most prominent features of male gamblers is a high degree of surface amiability and charm. Because of a favorable first impression (which is not borne out by subsequent performance), the gambler has relatively little trouble in relations with strangers. In consequence, he spends most of his life moving from group to group, never maintaining relationships long. He is often successful in giving the impression that he is from a much higher social class, better educated, and more prosperous than he actually is.

Many gamblers have disorders of sexual potency. The excitement of gambling and the symbolic equivalents for sexual release built into many games appear to serve as substitutes for sexual relationships. A fairly high proportion of gamblers, particularly horse players, are complete social isolates. They never marry, and they have left and lost touch with their original families.

The gambler repeatedly tries and fails to win money, just as he repeatedly tries and fails to win social approval, pointing to the masochistic aspects of his make-up. In these ways he establishes his helplessness; if married, his wife treats him like an exasperating but lovable son, serving special needs on her part. When the gambler gives up gambling and begins to function more adequately in other areas of his life, his wife often puts considerable pressure on him to go back to his old ways. The gambler tends to seek out a wife who is a martyr and enjoys carrying an ostentatious burden. When the gambler's wife becomes too unbearably patronizingly kind to him, he may react by gambling, which involves the removal of financial support as well as sexual withdrawal.

Gambling tends to run in families. Also, in the group studied, half the gamblers had lost their fathers by death or divorce before they were twenty; the remainder seemed to have problems in iden-



tification. Although, along with Bergler, the author emphasizes the passivity of the gambler, the gambler is seldom an overt homosexual nor are homosexuals particularly given to gambling. Homosexuality and gambling appear to be alternative methods of dealing with similar unconscious attitudes. Some alcoholics have been brought up very much as have gamblers, but the author believes that severe disturbances of potency are less prominent in the alcoholic than they are in the gambler.

His tendency to lie and his reluctance to give money make the gambler a poor subject for psychiatric treatment. He neither enters this relationship readily nor stays in it long nor, for the most part, does it appear to do him much good.

This volume is a useful collection of analytically oriented (not analytic) observations of games and gambling and is a valuable contribution to this field.

ARNOLD Z. PFEFFER (NEW YORK)

**STUDENTS UNDER STRESS. A STUDY IN THE SOCIAL PSYCHOLOGY OF ADAPTATION.** By David Mechanic. New York: The Free Press of Glencoe, 1962. 231 pp.

Mechanic describes the behavior of a number of graduate students preparing for examinations for their doctorates. He attempts to show that the ways in which an individual sees, responds to, and copes with a situation are determined partly by what that person brings to the situation, and partly by the way his group defines and deals with it. To document theory, regardless of how well known and widely accepted it is, can enrich our understanding of the concepts it involves. This is not what is done here. Instead, Mechanic deals with his facts in a sterile and superficial manner, and the writing is often so shallow as to be unsound.

He seems curiously determined to place this book in apposition to *Men Under Stress* by Grinker and Spiegel,<sup>1</sup> first with his title (though he spends several pages specifically defining stress not as the situation but as the 'discomforting responses' to it), then later, repeatedly, by drawing extensively on Grinker and Spiegel for illustration. But he never addresses himself to the glaring dissimilarities between airmen in combat and students in school. His failure to

<sup>1</sup> Cf. also, *This QUARTERLY*, XV, 1946, pp. 109-112.

do so results in occasional absurdities. After quoting at length evidence that men in combat rely greatly upon the efficient functioning of the team and the airplane for protection and security, he says that this 'can easily apply to a student group' and equates airplanes with books and old examination questions as means available to the group for coping with stress.

In his discussion of research on stress, he dismisses the psychoanalytic approach to psychosomatic illness as 'scientifically inadequate since it is impossible to demonstrate empirically that an individual's early life experiences are in fact responsible for physiological changes that occur in later life'. This is an example of the kind of thinking that pervades the book.

PAUL H. SETON (NORTHAMPTON, MASS.)

## ABSTRACTS

*Journal of the American Psychoanalytic Association*. XI, 1963.

**Some Considerations on Free Association.** Rudolph M. Loewenstein. Pp. 451-473.

Loewenstein reconsiders free association in psychoanalysis in the light of ego psychology. Resistances are no longer seen only as obstacles to free association but rather, with Freud, as the inevitable result of unconscious psychic conflict which must be analyzed. The associations are determined by the ego and super-ego, not just by the id. The consequent limitations on compliance with the basic rule are recognized. Free association is interfered with not only by resistances from all three divisions of the mental apparatus but by intra- as well as inter-psychic conflict. Not all resistances, however, disturb free association and, contrary to Freud, not all obstacles to free association and analysis are caused by resistance.

The analysis, with its curtailment of action and external perception, facilitates free association. The latter requires partial and temporary suspension of selected autonomous ego functions which ultimately must be exercised again by the patient for reflection and insight. During the time of their suspension, the analyst temporarily takes over these ego functions. This, together with the tolerance for intense, ungratified transferences, requires a positive therapeutic alliance between the patient's weak ego and the analyst. The prototype for this alliance is in the trusting mother-child relationship.

**An Inquiry Into the Concept of Working Through.** Walter A. Stewart. Pp. 474-499.

Stewart suggests that the term working through be confined to Freud's meaning—what is required of the patient to change his habitual pattern of instinctual discharge—rather than confusing it with activities of the analyst and with other aspects or results of the analytic work. Working through is achieved by overcoming id resistances which consist of psychical inertia and adhesiveness of libido, both independent of neurotic conflict and fixation. For success the patient's maturational forces require sufficient time to overcome the repetition compulsion.

It is unclear how specific factors in patient and analyst, which Stewart maintains influence working through, differ from those affecting the whole course of the analysis and its prognosis.

**Pathological Mourning and Childhood Mourning.** John Bowlby. Pp. 500-541.

Bowlby maintains that children react to object loss with mourning which is characterized chiefly by persistent, often unconscious yearning for and reproaches against the object. Such childhood experiences predispose adults to pathological mourning which has the same characteristics as loss reactions in children. The unconscious striving to recover the lost object in pathological mourning, according to Bowlby, has been insufficiently appreciated in psychoanalysis; instead, the emphasis, following Freud's ideas, incorrectly has been on the processes of iden-

tification which accompany object loss. In minimizing the role of identification, however, Bowlby seems unaware of its function of psychically recovering lost objects. Bowlby contends that hostile, aggressive, ambivalent reactions to lost objects are principally healthy and appropriate responses to loss. He ignores the importance of such impulses in psychic conflict and in the genesis of and reactions to object loss.

**The Hidden 'We'.** Robert Seidenberg. Pp. 542-545.

The author presents a clinical vignette in which attention given to a patient's use of the pronoun 'we' clarified for the first time his neurotic attachment to his father and the consequent tenuousness of the object relationships, including the transference.

**A Critical Digest of the Literature on Psychoanalytic Supervision.** Daryl E. DeBell. Pp. 546-575.

DeBell discusses the purposes and function of supervision, varying methods of dealing with countertransference, when to start supervision, the selection of cases, the special problems of the supervisor's countertransferences, and the therapist's transference to the supervisor and resistance to supervision, methods for studying the supervisory process, and the selection and training of supervisors.

In the controversy over whether the supervisor should teach or treat—in view of the importance of unconscious determinants on the conduct of analysis—he favors the former but advocates 'collaborative analysis' (Blitzsten and Fleming) in which the supervisor reports 'meticulously' on the supervision to the therapist's analyst. He believes this is more effective than relying separately on the teaching and therapeutic functions of supervision and personal psychoanalysis.

**The Supervisory Situation.** Jacob A. Arlow. Pp. 576-594.

Arlow examines the supervisory process by studying its unique characteristic interaction between therapist and supervisor. This reflects and is also analogous to, but not identical with, the interaction in therapy between patient and analyst. The same splits in ego function (Sterba) and vicissitudes of empathy (Greenson) occurring in both patient and analyst in psychoanalysis also take place in the therapist and supervisor in supervision. From the observation in supervision of these transient identifications and shifts in empathy, such difficulties in the analysis as grow out of shared resistances and defenses of patient and therapist with their influence on the nature and timing of interpretations can be inferred, as can the common fantasies and id impulses.

Proper reporting in supervision, analogous to analysis, implies a minimum of resistance. Identification with the supervisor is the most effective pedagogical influence; the work of supervision is addressed to the observing portion of the therapist's ego and imparts information, understanding, and a realistic appraisal of the psychoanalytic process. In addition, Arlow compares supervision as a learning process to artistic creation. He warns that, for the resolution of unconscious problems of the therapist, supervision is no substitute for psychoanalysis (foregoing the collaboration with the therapist's analyst advocated by DeBell)



because it is basically a learning procedure. Its observations refer to surface phenomena. He accepts the characterization of supervision as psychoanalysis of a psychoanalysis but not of a psychoanalyst.

JEROME ENNIS

**Psychiatric Quarterly.** XXXVII, 1963.

**Effectiveness in Psychotherapy.** Hilde Bruch. Pp. 322-339.

Patients with poor ego strength and ill-adaptive ability to effect changes within themselves are treated by 'consistent emphasis on the patient's developing awareness of self-initiated behavior'. The patient is thereby helped to become more certain of his basic tools of mental operation and to learn how to face problems and conflicts. Successful use of the therapy can be followed by traditional analysis.

**The Problems of the Psychoanalyst as a Teacher in General Psychiatry.** M. Ralph Kaufman. Pp. 340-354.

The process of teaching psychoanalytic psychology to psychiatric residents has many problems. The residents usually become disturbed and have difficulties and psychoanalyst-teachers often present this material too early in the course, tending to make clinical facts become distorted. Therefore the author, in his work at a teaching hospital, emphasizes basic clinical psychiatry the first year, reserving the essentials of psychoanalysis for the second and third years in order to answer questions arising on descriptive and phenomenological levels. Residents may apply in the third year but cannot begin psychoanalytic training until the year is completed.

**A Study of the Psychoanalytic Concept of Castration Anxiety in Symbolically Castrated Amputees.** William E. Block and Pierre A. Ventur. Pp. 518-526.

In this poorly devised study a group of male amputees, symbolically castrated subjects, are compared with physically normal male adults, chiefly by the Blacky Pictures, as analogues of psychoanalytic theory. The significant differences between the groups support the psychoanalytic concept of castration.

**Response to Humor in Depression; A Predictor and Evaluator of Patient Changes.** Kurt Nussbaum and William W. Michaux. Pp. 527-539.

Of eighteen women patients with severe neurotic and psychotic depressions, those who responded even slightly to presentation of humor in the form of jokes or riddles had a better prognosis for improvement with psychotherapy than did those who failed to respond.

**Delinquency as a Manifestation of the Mourning Process.** Mervyn Shoor and Mary Helen Speed. Pp. 540-558.

In twelve cases of boys and girls aged eight to seventeen, delinquent behavior in previously conforming adolescents masked their mourning for bereavement. Psychiatric consultation usually helped to establish a mourning process, and delinquency ceased within a six-month period.

BERNICE ENGLE

**Psychiatry. XXVI, 1963.**

**Color and Identity Conflict in Young Boys. Observations of Negro Mothers and Sons in Urban Baltimore.** Eugene B. Brody. Pp. 188-201.

Nineteen latency-age boys in treatment at a psychiatric clinic and their mothers are the subjects of this investigation. Conflict about color varied in severity among the boys and mothers. The wish to be white, and the defense mechanisms of identification with the (white) aggressor and turning of aggression against the self were frequently evident. The mothers' problems, notably those associated with the matriarchal role, and their influence on the sons' development are briefly analyzed. Brody believes it is extremely unlikely that a relationship with a mother as the most important power, however secure, can be an adequate basis for the development of a stable social identity in a boy, whether in terms of sex, color, or any other significant element.

H. ROBERT BLANK

**Archives of General Psychiatry. IX, 1963.**

**Dream Research and the Psychoanalytic Theory of Dreams.** Harry Trosman. Pp. 9-18.

Experimental findings, stemming from the observation that rapid eye movements during sleep are indicative of dream activity, are reviewed. Trosman evaluates the psychoanalytic theory of dreams in the light of these data. He believes that revision is needed in the notion that dreams can occur instantaneously; for example, as a manifestation of a preformed fantasy. The experimental evidence showed in all cases that dreams take as long to form as the action requires.

**Psychotherapy of Male Homosexuality.** Lionel Ovesey; Willard Gaylin; and Herbert Hendin. Pp. 19-31.

The psychodynamic motivations for the development of homosexuality in the male are seen as consisting of three types: homosexuality itself and two pseudo-homosexual goals, dependency and power. The stand explicitly taken with each patient is that the goal is a change-over to a heterosexual position and that the homosexuality is a symptom that results from a defensive maneuver and is, therefore, of psychological genesis. The symptom is then treated like a phobia, the patient ultimately being required to come to grips with it in bed with a woman. Three case histories of successful treatment are presented.

**Psychoanalytic Treatment as Education.** Thomas S. Szasz. Pp. 46-52.

Szasz views psychoanalysis as better conceptualized as an educational process rather than a therapeutic one. Thus, he uses the analogy of learning to describe the analytic process. The first level is proto-education, the giving and receiving of advice; the second, education, the teaching and learning of abstractions; and the third, meta-education, the learning about learning. He feels that it is in the third category that psychoanalysis goes beyond any other therapy.

**Explorations of Ego Structures of Firesetting Children.** Ralph Rothstein. Pp. 246-253.

The Rorschachs of eight firesetting boys are examined. They tend to fall into two groups: borderline psychotic and impulsive neurotic character disorders. For the former, the setting of fires seems to represent the projection of inner tensions as well as the attempted introjection of the vitality of the fire to fill inner emptiness. For the latter, it is more clearly associated with sexual conflicts and seems to be the sudden breakdown of compulsive and repressive defenses allowing for acting out.

KENNETH RUBIN

**Revista de Psicoanalisis. XX, 1963.**

**Countertransference, Identification, and Counteridentification: Studies in Their Psychopathology.** Leon Grinberg. Pp. 113-123.

An attempt is made to systematize the knowledge of identification. It is desirable to consider it from the qualitative and quantitative viewpoints, the id contents, and the effect of interpretation in order to show that there are different types of identification and counteridentification functioning on different levels. The modifications of the mechanism displayed depend on fixation and/or regression present at the time of interpretation. This clarifies the concept of the complementary countertransference of Racker, which shows how analysts react differently due to countertransference conflicts even though the patient's material is the same. Emphasis is given by the analyst himself. The analyst does not react differently in projective counteridentification since its intensity and specific qualities are predominant in the patient. Therefore, the author feels that at that time the emphasis comes from the patient.

**Aspects of the Transference, Countertransference, and Interpretation in the Analytic Nonverbal Communication.** Fidias R. Cesio. Pp. 124-127.

In any interpretation the understanding of the patient becomes an actuality if the unconscious character of nonverbal transference and countertransference reactions are taken into consideration. This should be a lively, unseen, nonverbal participation by both the patient and analyst which could be regarded as the enactment of 'an acted drama'.

**Depression, Melancholia and Mourning.** F. Cesio; L. Alvarez de Toledo; J. Mom; T. Schlossberg; L. Storni; M. Morera; and E. Evelson. Pp. 128-132.

In order to study the difference between depression, mourning, and melancholia one must be aware of intermediate states; e.g., pathological mourning. Mourning is normal and is considered a healthy reaction of ego restitution in people who have reached the genital stage of development. In depression or melancholia, since the death instinct is the dominant element, pathologic process precludes ego restitution and the death instinct could be so strong as to lead to suicide. In melancholia the loss of the love object is not related to reality, but depends on the regression of the patient to primitive, archaic, and infantile libidinal and ego stages.

**Rilke and the Confrontation with Death.** Nora Rascovsky de Bisi. Pp. 237-252.

Rilke, in one of his characters, Malte Laurids Brigge, deals with his autobiography. He was born prematurely after his mother had been advised not to have any more children. A sister, one year older, died at the time of his birth. Given a girl's name, Rainer Maria, Rilke was brought up to believe that the family had an aristocratic background. He was reared as a girl, dressed in girl's clothing, his hair was braided, and he played only with dolls. The mother had literary aspirations and barely took care of the boy who, in the first few years of his life, had twenty-four different nurses. He was allowed no friends. His father 'made him live like a soldier'; he was forced to sleep in a bare bed with only a light blanket even in winter. He eventually failed at the army school because of his inability to get along with people. After falling in love with Lou Andreas-Salomé, thirteen years his senior, Rilke changed his name for a more manly one and succeeded in re-creating a triumphant oedipal fantasy when Andreas-Salomé turned down Nietzsche.

Throughout Rilke's work one finds the constant cry for mother and castration fear related to abandonment. His most significant neurotic conflict involved the mother imago with a dead child. Death became the final abandonment. He often wrote about his own death and the destruction of other people as a means of coping with his fear of disintegration.

**Kafka's Metamorphosis.** Gilberte Royer. Pp. 253-267.

The French version of Kafka's book describes the sense of liberation that the monstrous cockroach has when he looks out the window, at the same time complaining of more and more intense myopia. In the metamorphosis an autistic fantasy is represented, replete with primary process elements. The fact that Grete, the sister, takes care of him, as she is the only member of the family who understands him, is based on feminine identification. During the metamorphosis the identification is masochistically complete and thinking the only ego function that remains. But the thoughts are not quite realistic and appropriate; they show a parasitic and clinging quality, especially when the sister turns her back on him. Castration anxiety related to a masturbatory fantasy with prominent pregenital roots is also evident. All these features account for the mixture of nostalgia, repugnance, and an indefinable sinister sensation that pervades the story.

**Body Ego and the Conception of the World.** Dora N. de Fiasché. Pp. 268-282.

A psychotic patient developed a philosophic, delusional system in his adolescence. At times, paranoid and depressed, he criticized and tried to change the world around him. Eventually, in an attempt to resolve difficulties by reality testing and to eliminate his almost constant immobility, he utilized a delusional body ego schema as a referential system in order to cope with the outside world. All the early mechanisms of defense were well delineated and utilized in what the patient called his 'classic work', *Theory of Egotism as a Source of Disease*, in an attempt at restitution.

GABRIEL DE LA VEGA



**Journal of Abnormal and Social Psychology. LXVII, 1963.**

**Implications from Psychological Testing for Theoretical Formulations of *Folie à Deux*.** M. Harrow and H. C. Schulberg. Pp. 166-172.

Psychological tests were given to two brothers who had identical, bizarre, world reconstruction fantasies. The resulting data were used in a critical examination of previously published findings concerning the role of premorbid personality, interdependence, identification, and dominance-submission patterns in pairs of individuals with this symptom. The authors report striking similarities in personality functioning and describe a mutual and reciprocating process of identification between partners. The psychological test material failed to support the expectation that the overtly submissive partner accepts the delusional system of his apparently dominating partner.

IRWIN C. ROSEN

# NOTES

## MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 28, 1964. VARIATIONS OF ARCHAIC THINKING IN NEUROTICS, IN BORDERLINES, AND IN SCHIZOPHRENICS. Andrew Peto, M.D.

From observations of neurotics, borderlines, and schizophrenics in regressive phases of the transference, Dr. Peto makes assumptions which, from the economic point of view, describe infantile thought development from primary to secondary process. Following Freud, the author regards the hallucinated image of the non-present need-satisfying object (the milk-giving mother) as the first stage of thought formation; the image is cathected with unneutralized energy derived from an undischarged libidinal wish. In the second stage, the ego by its goal-directed 'fragmentizing function', reduces this image to highly cathected splinters. In the third stage the 'thought splinters' become decathected by a process of archaic denial, seen clinically as negative hallucinations. Finally, a fourth stage occurs in which the fragments reappear, now cathected, as a result of ego maturation. In this stage, thought takes the form of negation, a structured development beyond the phase of denial, which then gives way to intellectual acceptance of the negative event: 'No breast is available for satisfaction'.

A relatively well-integrated twenty-seven-year-old woman with a hysterical character disorder regressed to hallucinatory imagery. This became fragmented and denied before she was able to reintegrate the fragments as abstract thought symbols pertaining to primary objects. Aberrations at the stage of negative hallucination or archaic denial interrupt the normal sequence of thought development and are related to thinking defects. A borderline male patient in his thirties, whose thinking defects took the form of confusion, false analogies and generalizations, had a hallucinatory image of the terrifying psychotic mother which was fragmented and decathected in a regressive phase of transference. However, the stage of negative hallucination of the fragments was not succeeded by the reappearance of proper thought symbols and archaic denial continued to be reflected in his confused feelings, images, and unintegrated thought fragments. Another form of regressive archaic thinking was seen in a twenty-year-old schizophrenic male college student whose symptomatology included confused thinking, disturbances of body image, and severe anxiety accompanied by hallucinations of a devouring and castrating mother. Here the negative hallucinatory stage was absent and the stages of fragmentation were succeeded directly by integrated thinking.

Dr. Peto concludes that absence of archaic denial may be typical for a particular form of schizophrenia, and that the decathexis seen in archaic denial is a *sine qua non* for the economic changes which lead to neutralizations characteristic of secondary process thinking. The absence of archaic denial from the normal sequence is seen as an inborn defect in the development of the autonomous functioning of the ego and not as a derivative of infantile trauma and conflict. The regressive thinking of adults, a 'new edition' of the original pattern in infancy, varies with the particular form of ego pathology; yet in all variations

the child-mother unit serves as the basis for primary hallucinatory activity. The classical technique of psychoanalysis best serves the neurotic because the core of the symbolization process is intact; schizophrenic and borderline cases require modifications in technique because the faulty basis for autonomous ego functions cannot be altered by a resolution of intrapsychic conflict. Such patients may use an intense regressive transference that penetrates to archaic conflicts in order to improve control of faulty thinking sequences, thus sealing off the faulty symbolization process.

DISCUSSION: Dr. Edith Jacobson agreed with Dr. Peto that the ego has a normal fragmentizing function which is used for the development of thought symbols and thinking. She alluded to Lewin's quotation from William James to the effect that 'to understand life by concept is to arrest its movement, cutting it up into bits with scissors, and immobilizing these in our logical herbarium where comparing them as dried specimens, we can ascertain which of them statically includes the other'. She compared the energetic sequences in grieving to Dr. Peto's sequences of thought development. Thus, the image of the lost object is intensely cathected in terms of fantasies of former wish-fulfilment. The image is then divided into highly charged single memories. These may be decathected in stages and reappear as quiet thoughts about the relationship to the lost object accompanied by release of neutralized libido to various ego areas. Inner numbness of the grieving person might correspond to the baby's negative hallucination. While concurring with the clinical inferences in the borderline and psychotic cases cited by Dr. Peto, Dr. Jacobson expressed doubt that the hallucination, introjection, projection, or fragmentation had been persuasively demonstrated for the neurotic patient whose thought development had been postulated as normal.

Dr. Bernard Brodsky felt that stress on the economic point of view had excluded a consideration of adaptational factors essential to thought development. He found Peto's 'fragmentizing function of the ego' close to Linn's 'discriminatory function of the ego' in that both are goal-directed and both are used to explain thought formation. Linn's concept, however, emphasizes that the discriminatory function serves to select from a cluster of psychic processes composing any ongoing event those most adaptive to a particular goal, such as defense or secondary process thinking. Quoting from de Monchy, he remarked on the importance of a content concept corresponding to the economic concept of 'withdrawal of cathexis'. Emphasis on content makes possible an epigenetic explanation for the necessary achievement of inhibition of negative hallucination of perceptual stimuli before acts of comparison and selection, characteristic of secondary process thinking, can come into being. No such explanation is possible when the approach to the problem is in terms of energetics alone. Dr. Brodsky questioned whether fragmentation can be anxiety-provoking when its presumed goal is to reduce anxiety in conflictual situations. He also saw inconsistency in Dr. Peto's third case, who, at times, was capable of secondary process thinking although there had been no stage of negative hallucination in the analysis. This fact makes doubtful the thesis that transference phenomena always recapitulate the infantile sequences.

Dr. Victor Rosen, amplifying a statement by Dr. Jacobson, felt that the first

patient used to illustrate Dr. Peto's thesis might not have been undergoing a hallucinatory phase but merely might have been reporting her fantasies.

In his summation Dr. Peto accepted Dr. Jacobson's suggestion that the energetic sequences in grieving might parallel those of thought formation. He re-emphasized the importance of the fragmentizing function, and does not believe that it is an artifact, although it can be observed only in certain types of patients. He gave more material to substantiate his belief that there had indeed been a hallucinatory stage in his first case. He agreed with Dr. Brodsky that some of the phenomena could be conceptualized in other than energetic terms, but it had been his purpose to place emphasis on the economic point of view.

JOHN A. COOK

February 25, 1964. DEPRESSION: THREE CLINICAL VARIATIONS. Stuart S. Asch, M.D.

Following a classical schematic outline of the depressive constellation, Dr. Asch suggests a re-examination of these formulations in the light of more recent understanding of the contents and structure of the ego. He emphasizes that the term 'depression' includes different clinical states with similar but not identical psychopathology. Variations in these states seem to be a function of the vicissitudes of the introject, depending on the type of incorporation and the ego attitudes toward it. The clinical picture seems to be determined first by the location of the introject, its distance from the 'ego core' (Loewald), or its position in the superego; and second by the expression of the ambivalent conflict over the wish to hold onto and get rid of the psychic representation of this locus.

The author discusses the relationship between body image and narcissism in hypochondriasis. Early defects in external stimulation, or confused internal stimulation, result in a poorly defined body image. A current real or anticipated loss of a narcissistically cathected object may revive the earlier body image, threatened with loss of part of itself. If this loss is regressively experienced, it may result in hypercathexis of the body part involved—one cause of depletion of ego energy that results in the clinical picture of ego restriction with limited abilities in thinking and interests. The affected organ in hypochondriasis is treated as the ambivalently cathected introject seen in depression, but there may be no guilt or depressed mood. The only affect consistently present is anxiety. Since hypochondriasis frequently appears without a depressed mood, it is tempting to consider it a manifestation of 'unconscious depression'. Although frequently seen in medical practice, it is rarely recognized by nonpsychiatrists as a manifestation of depression.

Dr. Asch then discussed depressions involving a special type of object relationship—masochistic submission to the object. Such patients clearly are depressed, but without obvious narcissistic injury or object loss. There even may be resolution of a threatened separation so that the threat of loss no longer exists. The involvement is seen as that of an intensely narcissistic relationship in which the threat of separation does not arise from the object but rather from the individual's wish actively to dissociate from it. It is an overt expression of destructive impulses toward the object and the attempt to resolve such a conflict results in clinical depression.



In a clinical report the analytic work involved a working through of a tremendous rage at mother (and analyst) for 'requiring' the patient to be helpless. The feeling of responsibility and guilt over any injury to any of her objects brought on a depressive state, vividly confirmed in the transference. In a second case, a sado-masochistic marital situation, each attempt on the part of the patient to leave her husband resulted in panic with an impulsive flight back into the relationship. She felt forced to submit masochistically to the husband and accept his abuse without contradiction, but would then become depressed. Genetically this relationship could be traced to a strikingly similar sado-masochistic tie with her mother.

The specific distinguishing characteristic in these depressions is that clinically the depression seems to be a function of the continued relationship with the object. Actual separation from the object may relieve the depression, but the fact of separation arouses panic at the thought of destroying it. Depression is not an expression of ambivalence to an incorporated lost object but rather to a part of the self that takes the place of the object, both to deflect the instinctual drives and to gratify them. Since the patient is the victim, guilt becomes an inconstant and secondary involvement.

In the final section of the paper the author discusses fragmentation of the depressive complex with displacement and projection. When identification with an ambivalently loved object is made as a result of the resolution of the oedipus complex, it tends to involve a more peripheral and less stable part of the ego's structure. Involvement of these peripheral additions to the self-representation in a depressive process is manifested clinically by a wish to get rid of the 'bad part'.

The author feels strongly that pregnancy occupies a very useful place in the study of the depressive process. It is the only condition in which actual physical manifestations of a psychic introjection occurs. Pregnant women have many conscious and unconscious fantasies about the foetus similar to the mental content of depressed patients. In varying degrees in most pregnancies, the 'introject-foetus' is treated as an ambivalently loved object while the ego of the pregnant woman acts as its superego. The experience of childbirth has been found to result in some depression, lasting until the mother can recathect the baby with the values of the lost object. Post-partum suicide is experienced libidinally as an attempt to re-enter the womb of mother, and to serve as the direct discharge of rage at being abandoned. Infanticide may occur as an acting out by the mother of the superego assault on the introject. The nature of the overt aggressive assault in the post-partum depression, i.e., suicide or homicide, depends on the location of the object representation (introject).

DISCUSSION: Dr. George Gero pointed out that depression is a large nosological category including many different conditions, and that depression resulting from object loss should be distinguished from other forms related to loss of self-esteem. He felt the particular merit of this paper was its testing and enrichment of the more recent concepts of ego psychology. Dr. Asch's view of hypochondriasis, going beyond the usual concept of libidinal hypercathexis of the organ and including aggression and re-incorporation of the lost object in the body image, is original and useful. He suggested the term 'somatized depression' rather than 'uncon-

scious depression'. Dr. Gero, however, disagreed that 'the earlier a disturbance takes place, the greater effect it has on psychic development'. He maintained instead that there is a definitely greater effect from disturbances in the phallic and oedipal phases.

Dr. Edward Joseph felt that Dr. Asch focused our attention not merely on the reaction to the loss, but also on the defensive reactions that attempt to deal with the loss and with the associated painful affect, depression. He thought that the concrete usage of the concepts of identification, cathetic processes, and introject in the paper could lead to misunderstanding, and suggested a clarification by specifying references to object representations rather than to concrete images. He agreed that emphasis should be placed on the particular level of object or self-representation involved in the conflict, and felt that the cases illustrated a hierarchy of pathology depending on the level of development of the particular ego functions involved in conflict.

Dr. Edith Jacobson emphasized that Freud's classic description of depression referred to a psychotic depression (melancholia), as differentiated from compulsive depression. She considered Dr. Asch's concept of hypochondriasis and its emphasis on location of introject important. In some instances, however, as in simple depression, it is not unconscious depression but an unawareness of mood. Dr. Jacobson questioned the absence of object loss in the masochistic submission to the object.

Dr. Edward Harkavy pointed out that depressive states always involve complicated affects, and that in treatment each component must be separated and traced to its developmental root with the uncovering of its specific unconscious fantasy.

Dr. Marcel Heiman emphasized that pregnancy is a very critical time in every woman's life. Distinctions between object and self become blurred and the foetus may be felt as a person on the outside with almost constant ambivalent attitudes being experienced by the mother.

In conclusion, Dr. Asch emphasized that he is not convinced that the depressive elements are different in neurotics than in psychotics, although obviously the rest of the ego structure is quite different.

BERNARD D. FINE

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#### MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

November 18, 1969. PROTOTYPES OF DEFENSES AND DEFENSIVE BEHAVIOR. Max M. Stern, M.D.

While prototypes of defenses—defined in the literature as 'early direct reflex action of a purely physical nature'—have been hitherto determined mostly in terms of analogy, Dr. Stern attempts to highlight the genetic path from somatic defensive pattern in infancy to psychic elementary defenses by establishing the anticipatory process as mediator between both. His thesis is that elementary psychic defenses are variegated and attenuated anticipatory repetitions of postnatal somatically-determined defenses against disintegration. This does not equate psychic with psychologic processes but refers to some interaction, to 'connections

and interdependences' as Freud expressed it. The anticipatory process underlies Freud's concept of thinking, and he specifically applied it in the definition of danger and anxiety as well as repression.

Dr. Stern stresses the importance of closer examination of the anticipatory process—the carrier of cathectic shifting. In it an emergent need instigates a repetition of previous experiences, including their somatic corollaries, and involves a constant oscillation between past and present, between somatic and mental processes. He describes protoanticipation as the antecedent response in homeostatic regulation, originating possibly in selective evolution. For instance, we feel thirst before there is dehydration. In anticipatory or conditioned behavior, a stimulus which previously anteceded trauma or gratification elicits the response. Thinking (trial acting) is anticipatory behavior occurring in the mind, with infinitesimal quantities of cathexis.

On the physiologic level of the postnatal phase, in which the homeostatic regulation is inadequate, anteceding somatic reflexlike responses forestall threatening disorganization. The behavior of the newborn presents, therefore, fewer signs of shock than anticipatory defensive responses forestalling it. Innumerable child observations (Ribble, Spitz, Mahler, Escalona) yield a hierarchy of responses, following each other with increasing severity of frustration, from agitated to depressive to cataleptoid with stupor and hallucination. Ultimately they may terminate in shock. There is oscillation between and overlapping of these phases. The defensive effect of the described primary defenses is explained by their physiologic impact—the matrix out of which later defenses develop. But these primary defenses become a source of trauma and have to be arrested. The transition from the protoexistence at birth, functioning on the level of reflexlike responses, to the thinking human being is effected by increasing inhibition of primary responses and interpolation of increasingly differentiated and mature realistic anticipation (secondary process). The inception of even more mature anticipation is a double-edged gift. In order to avoid trauma, it perpetuates once experienced primary trauma through repetition in the anticipatory process, especially in the early phase of ego weakness. A compromise then evolves: only a fraction of the experienced traumatic situation will be repeated in anticipation, and it is the repetition of this fraction that constitutes the psychic defense.

The stupor reaction of the catatonic reaction in primary trauma accounts for Freud's description of primary repression. In repression proper, an emergent impulse previously connected with trauma elicits, as the compromise between anticipatory repetition of trauma and its undoing, the repetition of a fraction of the stupor reaction. It blots out not only the recall of the previous traumatic threat but with it the budding instinctual impulse in its very inception. This also applies to denial. The prototype for hallucination, which introduces all kinds of defensive imagery (fantasies) into thinking, is another aspect of the cataleptoid response with blocking of higher centers and hyperactivity of lower ones. Prototypes of projection, introjection, and identification were discussed. The author stated that this presentation will be followed by metapsychological investigation of defenses.

DISCUSSION: Dr. Louis Kaywin expressed his agreement with most of Dr. Stern's general concepts. The main problem it seemed to him is to explain how a blank



or stuporous state can be revived in anticipation, since recall or registration cannot be expected in a state of stupor. The state of stupor requires further clarification, clinically and metapsychologically.

Dr. Judith Kestenberg thought that at this point of infant study, when we know so little about the beginning of psychic functioning, the validity of Dr. Stern's impressive psychobiologic theory cannot depend completely on our clinical experience. She reported cases from her own material in which Dr. Stern's primary defenses persisted beyond the postnatal period, usually in very disturbed infants. Differences in flow of movements and thoughts in children reflect what Dr. Stern calls oscillation in the anticipatory process.

Dr. Max Schur felt that while analogy was of some value, the use of the physiologic 'stress' reaction as a conceptual model for psychology was of questionable value. Dr. Mark Kanzer directed his attention primarily to the body-mind relationship suggested by Dr. Stern's concepts. He commented that we are presented with the problems of how anticipatory mechanisms of the body find expression in the id, which is regarded as unstructured and as giving rise to wishes that seek immediate discharge, whereas the ego, to which we assign anticipatory functions, has no direct connection with the homeostatic regulatory mechanisms of the body. Dr. Kanzer thought there may well be some link between preadaptive mechanisms of the body—a term he prefers to protoanticipation—and the ego structures.

Dr. Joseph Coltrera deemed any attempt at correlation between body and mind premature. Defenses which he defined as structuralized delay cannot be explained by the reflex arc. We cannot even speak of protodefenses before this delay appears at approximately eight to twelve months.

Dr. Jan Frank considered Dr. Stern's contributions, stretching over the last ten years, far-reaching with regard to their heuristic value and metapsychologic and clinical implications. He mentioned particularly the concepts of early anticipation as a defense against disintegration of structure, the determination of ego defenses by psychic revival of trauma, the postulation of a fractioning of the emerging percepts and stimuli within the ego. He pointed out that parallel work in neurophysiology (Eccles, Sperry, Weiss, Sokolow) is in accord with Dr. Stern's views. He thinks that although a unified neurophysiologic-psychologic view does not exist, it is perfectly legitimate to postulate a correlation between neurophysiology and psychology.

In conclusion, Dr. Stern stressed that the conceptual frame of his theory is not the stress reaction, as Dr. Schur assumes, but the genetic principle involved in the anticipatory process. It was applied explicitly in Freud's explanation of anxiety and repression. It seemed to him that Dr. Schur overlooked the transformation which primary somatic defenses undergo, analogous to the transformation of the birth experience into signal anxiety or of primary repression into repression proper, as described in Freud's *Inhibition, Symptom, and Anxiety*, a work not yet sufficiently integrated. In commenting on Dr. Kestenberg's remarks, the author pointed out that fixation to primary defenses, or regression to them, means more or less severe pathology and arrest of development. The persistence of primary defenses in behavior patterns, attitudes, moods, or character qualities deserves



further investigation. Dr. Kaywin's question is partly answered by evidence of the registration of subliminal stimuli (Fishel), and by the biologic nature inherent in the catatonic reaction which will be repeated in repression proper just as heart palpitations are repeated in anticipatory anxiety. Dr. Stern thought that the problem brought up by Dr. Kanzer concerning the correlation of his concept of the anticipatory process with the structural theory requires detailed metapsychologic investigation, which the frame of this paper excluded. However, he pointed to Hartmann's idea that the id contains inborn apparatuses with regulating functions which, after differentiation of ego and id, we ascribe to the ego. He conceived of the existence of a 'protoego' as separate from what we call id, with the quality of preconscious processes. From this protoego the ego would emerge through maturation. The 'chaotic' id would contain everything connected with trauma and which therefore had become repressed. This would solve a number of existing difficulties; for instance, the assignment of the quality of unconsciousness, as well as preconsciousness, to the id. Protoanticipation, the precursor of later anticipation, then would not be assigned to the id but to the protoego. Dr. Stern could not agree with Dr. Coltrera's scepticism regarding the correlation of physical and mental processes which, as is known, underlie our theories, nor with the definition of defense which current usage refers to the relation to consciousness rather than to delay.

#### AUTHOR'S ABSTRACT

December 16, 1963. BIOGRAPHICAL NOTES ON SANDOR FERENCZI (1875-1933). Sandor Lorand, M.D.

Dr. Lorand presented portions of his chapter on Ferenczi from the forthcoming book, *Pioneers in Psychoanalysis*, which he has written to correct distortions and inaccuracies regarding Ferenczi in Jones's biography of Freud. He reiterated that 'from 1908, when he met Freud for the first time, nearly up to the time of death, Sandor Ferenczi played a heroic part, second only to Freud, in building psychoanalysis into a branch of science'.

In his introductory remarks Dr. Lorand spoke of Ferenczi's early interest in reading. As a medical student, he became interested in psychic phenomena, including hypnosis. After his army tour of duty, he directed a service which included treatment of the prostitutes of Budapest. His interest in sexual psychology soon broadened to nervous and mental diseases and the study and treatment of neurotic difficulties. In 1900, he opened an office for the practice of neurology and psychiatry. He was a prolific writer and by 1907 had published about thirty papers. He met Freud in 1908 and from that time on they were close friends.

Ferenczi 'was recognized as an outstanding therapist, and his clinical publications and lectures on psychoanalysis attracted great attention'. Lorand mentions as especially significant *Nosology of Male Homosexuality*, the first description of the difference between active and passive homosexuality; *On the Part Played by Homosexuality in the Pathogenesis of Paranoia*; *Stages in the Development of the Sense of Reality*, a pioneer work in ego regression; and *Thalassa: A Theory of Genitality*, a 'bioanalytic' monograph that Freud considered to be his 'most brilliant achievement and the richest in thoughts'.

Dr. Lorand then discussed Ferenczi's 'active technique'. The first papers on

the subject stemmed from suggestions made by Freud regarding the treatment of phobias. Initially they were well received, coming at a time when many analysts were experimenting with technique. 'The central idea . . . was to request the patient in addition to free association, to act or behave in a certain way, in the hope of increasing tension and therefore mobilizing unconscious material.' Dr. Lorand compares this to the innovations and modifications used today in the treatment of borderline cases. Ferenczi then 'experimented with adjusting the atmosphere of the analytic situation to the patient's needs. . . . He assumed . . . certain roles in the transference relationship to influence the emotional . . . processes of the patient'. It was this approach, advocated around 1930, which created a wide gap between Ferenczi and many of his colleagues. When his experiments failed to bring the desired results, Ferenczi wrote to Freud that he had 'succeeded in understanding where and how much I had gone too far' (October 1931). About Ferenczi's trip to America in 1926-1927, Jones has written: 'Relations became more and more strained as the months went by until he [Ferenczi] was almost completely ostracized by his colleagues' and that Ferenczi had 'trained eight or nine lay people' while in New York. In this Jones followed Oberndorf, who, in his *History of Psychoanalysis in America*, was guilty of 'glaring omissions' regarding the visit. It was true that the official relationship with the New York Psychoanalytic Society was cold and distant, but friendly relationships existed between Ferenczi and many New York analysts. He was given a private dinner by Brill, president of the New York Psychoanalytic Society, on his arrival. Many analysts attended his lectures at the New School for Social Research. He held private seminars on technique for members of the American Psychoanalytic Association, and finally, he gave a highly stimulating lecture, *Present-Day Problems in Psychoanalysis*, before the American Psychoanalytic Association at their midwinter meeting in New York. Dr. Lorand believes 'the behavior of Oberndorf and the New York Society, of which he was a member, was caused entirely by their anger at Ferenczi for being in favor of lay analysis'.

Turning to Ferenczi's terminal illness, Dr. Lorand feels that 'there is not a shred of evidence to indicate that Ferenczi ever suffered from personality impairment or mental illness, with the exception of the last weeks of his life, when his spinal cord and perhaps his brain were attacked in the terminal phase of pernicious anemia'.

In conclusion, Dr. Lorand remarked that 'among the contributors to psychoanalysis, there is no one, with the exception of Freud himself, who contributed so many valuable and original ideas, no one who did as much as Ferenczi to develop psychoanalysis and bring it to the status it enjoys today'.

DISCUSSION: Dr. Ludwig Eidelberg said that Ferenczi was the most charming man he ever met and the best lecturer. He recalled the advice of Nietzsche that great men should disguise their greatness to avoid the envy of those who work hard and produce little. He agreed that many had tried to imitate Ferenczi's approach without talking about it and even Freud 'was not as passive as his pupils accused him of being'. He emphasized the importance of Ferenczi's studies of infantile omnipotence and their relevance to psychoanalytic technique.

Dr. Max Schur emphasized the importance of Ferenczi's contributions to the literature and his excellence as a teacher. However, he considered the technical innovations of the last decade of doubtful value. 'While he started from Freud's suggestions in certain severe phobias, and was motivated by his burning desire to help his patients, he ended up with methods which did not meet the criteria of "parameters" of psychoanalysis.' Dr. Schur confirmed the statement that Freud never withdrew the genuine affection he felt for Ferenczi. He called the section on Ferenczi in Jones's biography a 'sad chapter', saying that he had called to Jones's attention the fact that Ferenczi was suffering from pernicious anemia and that he tried to soften some of Jones's statements. He said he was glad that Dr. Lorand had set history straight.

Dr. Otto Spierling explained that, in his experience, paranoia was the most frequent psychiatric manifestation of the combined system disease which accompanied, and often preceded, pernicious anemia, before the present treatment methods were introduced. He regards it as certain that the last three years of Ferenczi's life were under the shadow of this organic brain disease. Its first symptom, a deterioration of judgment, can be seen in his paper, *Child Analysis with Adults*. However, he believed that Jones was wrong in predating Ferenczi's paranoia on the basis of his letters to Freud. Letters to one's analyst are still under the influence of the basic rule and of the elimination of censorship; it would be interesting to study the Freud-Ferenczi correspondence from the point of view of where free-associations turned into delusions.

ROY LILLESKOV

January 20, 1964. THE LIMITATIONS OF TECHNIQUE. Sidney Tarachow, M.D.

The total psychoanalytic treatment situation is characterized by an object relationship between the analyst and patient which develops to its most regressive extent, namely, psychic fusion (symbiosis) between the two. This is the basis for various antitheses which express the conditions and limitations of treatment. The psychoanalytic situation drives toward fusion and must be differentiated from psychoanalytic work. Psychoanalytic work, i.e., interpretation, drives toward separation, better ego boundaries, improved sense of reality, improved object relations, victory over narcissism, and movement from primary to secondary process and from unconscious to preconscious. Analytic work and the analytic situation are antithetical aspects of the total treatment situation. The dynamic force in the attainment of insight is the enforced process of separation and identification. The motivation in analysis includes both the fear and love of the analyst. The unwilling process of the renunciation of the original symbiosis with mother, as described by Ferenczi, is the model for the crucial aim of analysis. The analytic situation must not be confused with transference neurosis which is created by analytic work; only interpretation is analytic work.

Analytic work itself also has its own antithesis. Interpretation may be viewed either as act or as content. As an act it tightens the bond between analyst and patient; it is an aggression, a penetration, and facilitates fusion. As content, interpretation attempts to establish a separation between patient and analyst and between fantasy and reality. Reassurance interferes with the patient's sense of



reality because the therapist, in that act, agrees with the patient's infantile fantasies about himself and does not give the patient the task of confronting his own fantasies. Instead the therapist acts out these fantasies in collusion with the patient and assumes all the responsibilities of the mother in his acting out. The content of an interpretation has its antithesis, as every interpretation contributes to both insight and defense. It moves the patient toward increasing self-knowledge but, at the same time, it is used as a resistance against further self-knowledge. The very vehicle of treatment, speech, also has its antithesis. Speech is both communication and concealment. The more specific the speech, the more its affective value and completeness is lost. Like education, speech favors repression and restriction of instincts.

DISCUSSION: Dr. Norman Reider discussed three topics from the paper: 1, the value of the dialectical thesis-antithesis approach; 2, the elaboration of the seemingly paradoxical effect of interpretations, simultaneously contributing to insight and heightening of defense; 3, the humanness of the analyst. He questioned antithetical sets on the basis of their theoretical mien, highlighting the need for clinical corroboration to determine if they could contribute technical awareness. Speech as communication and concealment was suggested as the easiest antithesis to study. By becoming aware that the more specific speech is, the more its affective value is lost, one can be led to the defensive use of articulateness in speech and help the patient to talk plainly, simply, and even regressively. That interpretation contributes to insight and defense was similarly scrutinized for technical derivatives. Using clinical material, Dr. Reider concluded that there are technical cues which come from the recognition that both the act of interpretation and its content lead to insight and then to defense maneuvers. In considering the 'humanness' of the analyst versus the restriction of his work to interpretation, Dr. Reider rejected situations which hinder analytic work by gratifying transference demands. However, he pointed out that there are theoretically human manifestations in the analyst which are transference gratifications that facilitate or, at least, do not hinder analytic work. There is a paucity of intimate and detailed examination of clinical material on this subject in the literature. Dr. Reider believes that should such a study be undertaken, it would demonstrate the principle that when analytic work is facilitated, it can also give rise to defensive maneuvers.

Dr. Otto Spierling commented that the concept of ego boundaries is often taken too narrowly. For instance, in the act of empathy, one puts oneself in the place of a patient to see how a patient will react. Though this might be classified as a defect in ego boundary (fusion), it is not. Rather it is a temporary inclusion of the patient in the analyst's ego. This is a high level of ego function, not a defect, and is a controlled and reversible activity similar to the auxiliary constructions used in geometry. In such controlled activities, ego boundaries are changed, but there is no defect. True understanding of another person is not based on empathy and introjection. It is the result of thinking, a higher level of function. Dr. Spierling called attention to the dangers of a technical approach using a corrective emotional experience. As an example, he referred to the failure of the anaclitic treatment of ulcerative colitis. In the psychoanalytic situation,



there is a continuously repeated succession of regression and progression. Regression stops in response to interpretation while, in order to understand interpretations, the patient must function on his highest level.

Dr. William Niederland commented that Dr. Tarachow's sharp differentiation through a series of theses and antitheses sets up a new way of examining analytic technique. Other processes that might be mentioned as impinging on the ego of the patient in analysis are the number of sessions, vacation breaks, and weekends. Dr. Niederland questioned in this connection the use of the words 'weapon' and 'penetration' to describe analytic interpretation. Technical approach or instrumentality are preferred. Nunberg's formulation that an interpretation often provides the connection that moves the analysis along was mentioned, and interpretation in this sense can be viewed as 'connecting'. In reference to the idea that speech has both communicative and concealing aspects, Dr. Niederland pointed out that verbalization by way of speech amplifies and expands the synthetic function of the ego. He suggested that here, and elsewhere, more than antithetical presentations are necessary to understand what happens to patients in analysis.

Dr. Nathaniel Ross stated that it is misleading to conceptualize the analytic situation solely in terms of a sharp polarity which is based on a model of early ego development. Such a dichotomy does not take into account the persistence of a more mature level of object relationship, upon whose existence we predicate the feasibility of psychoanalytic therapy. When this breaks down, we may be compelled to become overtly real objects to the patient for a while in order to restore the analytic situation. If this entails certain difficulties in the continued conduct of the analysis, these are usually not insuperable.

Dr. Gustav Bychowski saw a similarity between Dr. Tarachow's ideas and some of his own thoughts. In a paper presented at the American Psychoanalytic Association, he spoke of the antinomy and the continuum: objective detachment versus emotional closeness and fusion, as characteristic of the psychoanalytic situation in which technique oscillates between objectivity and some minimum of reassurance and encouragement.

Dr. Jan Frank objected to a too free use of the concept of the polarities: separation versus fusion. Fusion is a striving for identification which may occur in normal children, but occurs only in adults who are very sick. We adapt our technique to these patients by adding parameters. Dr. Frank then discussed the role of maturation in resolving fusion tendencies during long analyses.

In conclusion, Dr. Tarachow said that one must be a purist in thinking about the underlying structure of what goes on between patient and analyst. There may be relative freedom of action, but one must know what he is doing. His model for understanding improvement in analysis is maturation, not symptom change. He recalled Bunker's series of renunciations which occur as maturation advances toward the ultimate: renunciation of the mother, renunciation of adult sexuality, and renunciation of life itself. In answer to Dr. Bychowski, he emphasized the limitations of the analyst's personality in responding to the demands of the patient. In response to Dr. Niederland, he pointed out that the connection of present and past made in the interpretation is a deprivation which robs the patient of infantile object ties.

At the annual business meeting of the AMERICAN PSYCHOSOMATIC SOCIETY, April 4, 1964, in San Francisco, the following officers were elected: Eugene Meyer, M.D., President; Robert A. Cleghorn, M.D., President-elect; William A. Greene, M.D., Secretary-Treasurer. The next annual meeting of the Society will be held in May 1965 at the Sheraton Hotel, Philadelphia.

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The 1964 MAURICE BOUVET PRIZE has been awarded to Anne Bermann for her translation into French of the works of Sigmund Freud.

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ERRATUM: Authorship of Dr. Robert Seidenberg's paper *Omnipotence, Denial, and Psychosomatic Medicine* was wrongly attributed in This QUARTERLY, xxxiii, 1964, p. 303.

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## A TRIBUTE TO HEINZ HARTMANN

BY ALBERT J. SOLNIT, M.D. (NEW HAVEN)

In this period of clarifying and systematizing psychoanalytic theory and its applications, Heinz Hartmann has provided crucial guideposts by his theory-building contributions, as well as critical suggestions about the sources and directions of future developments in the science of psychoanalysis. On the occasion of Dr. Hartmann's seventieth birthday in November, it is appropriate to survey from the peaks he has surmounted in his own work some of the perspectives provided by the range of his psychoanalytic contributions and vistas, especially in ego psychology. At every point in his pioneering work he also has demonstrated his competence as a historian of science by fully documenting Freud's creation of psychoanalysis, relating its history to elaborations and contributions by others who have helped to develop psychoanalysis into the general psychology that Freud had envisaged it would be. Hartmann's contributions to this developing science are of such a range and of such basic importance that it is impossible for anything short of his own work (8) to do justice to the advances he has contributed, to the questions he has raised, and to the many facets of human development and adaptation he has insisted we keep in mind.

Hartmann's work has emphasized the multitudinous, changing influences of the simultaneous inner-instinctual and outer-reality demands in individual development. The balance of these demands develops a focus on adaptation through which Dr. Hartmann has made possible the establishment of a general psychology of human behavior within the frame of reference of psychoanalytic ego psychology. One can see in retrospect that Hartmann's earlier experimental work (1, 2, 3, 4) set the stage for his later accomplishments in which he critically clarified and advanced psychoanalytic theory, formulating and applying the

multidimensional criteria through which he sees all human adaptation. All of his work is a highly creative blending of clinical reality, developmental illumination, and theoretical abstraction, accomplished in a manner that leaves others breathless with the burst of ideas, questions, and insights produced in each of his 'ascents'. Hartmann's intellectual vigor and astuteness are such as to enable him to reach the loftiest peaks of theory with a comprehensive vision of what lies ahead and a precise memory and knowledge of the clinical observations, the hypotheses at various distances from the data, and the multideterminants of the various pathways required to gain the peaks of theoretical abstraction.

Like Freud, Hartmann raises new questions and suggests new illuminations and applications with each reading of his classic papers. In this brief presentation, an awareness of Hartmann's past, present, and future contributions will be expressed only in a very partial way by demonstrating how one of his concepts clarifies a sector of child development in a fruitful manner. The sector to be clarified is related to accidents in early childhood. The article, *Notes on the Reality Principle* (7, [8, pp. 241-267]), will be used as the stimulus for this expression of appreciation on the occasion of Heinz Hartmann's birthday.

In his 1956 article on the reality principle, Hartmann briefly but strikingly states: 'We should also consider what is, I think, a necessary assumption that the child is born with a certain degree of preadaptiveness; that is to say, the apparatus of perception, memory, motility, etc. which help us deal with reality are, in a primitive form, already present at birth; later they will mature and develop in constant interaction, of course, with experience; the very system to which we attribute these functions, the ego, is also our organ of learning'. Later in this article he writes: 'Sooner or later, though not every step has been clarified thus far, the child unlearns and outgrows the distortions inherent in the purified pleasure position. . . . The impact of all stages of child development—the typical conflicts, the sequence of danger situations, and the ways they are dealt with—

can be traced in this process. The problem has been most extensively studied in relation to the development of object relations. Perception, objectivation, anticipation, intentionality, neutralization of energy—all participate on the side of the ego in this process. One may well ask why this whole development of the reality principle (or the corresponding ego functions) shows such a high degree of complexity in man, a complexity to which there is hardly a parallel elsewhere, except perhaps for some higher mammals. No doubt, one reason is that in the human the pleasure principle is a less reliable guide to self-preservation. Also, self-preservation is mainly taken care of by the slowly developing ego with its considerable learning capacity. But pleasure conditions for the ego on the one hand and the id on the other differ significantly, while the instincts of the animals represent at the same time what we would call in man ego functions and functions of the drives. Also, probably as a result of the differentiation of the human mind into systems of functioning, the id is here much farther removed from reality than are the instincts of the animals. . . .'

Further along in *Notes on the Reality Principle*, Hartmann repeats what he has indicated many times before. 'I said earlier that in man the pleasure principle is not a very reliable guide to self-preservation. There are, though, exceptions to this rule; the avoidance of pain (*Schmerz*), e.g., retains its biological significance. As a very important exception we might also consider what I am discussing just now. In those situations in which pleasure in one system (id) would induce unpleasure in another one (ego), the child learns to use the danger signal (a dose of unpleasure) to mobilize the pleasure principle and in this way to protect himself (Freud, 1926). He will not only use this mechanism against danger from within but also against danger from without. The process is directly guided by the pleasure principle; it is really the pleasure principle that gives this move its power. What interests us in this connection is that through a special device an aspect of the pleasure principle itself (avoidance of unpleasure) is made to serve one of the most essential

functions we make use of in our dealings with reality. It is a definite step in development to be distinguished from what I called the reality principle in a narrower sense (the so-called modification of the pleasure principle, meaning postponement of discharge, temporary tolerance of unpleasure)—and I may refer you here to what I said, partly with this case in mind, about the necessity to keep apart the two concepts of the reality principle. Genetically, of course, the use of the pleasure principle I am discussing now is also dependent on the development of the ego, as is the reality principle in the narrower sense.'

It is characteristic of Hartmann's papers that they present many original and complex contributions interwoven in a thoroughly documented discourse that is often modestly titled 'Notes on. . .' or 'Comments on. ..'. One of the many contributions that this paper makes is contained in the idea that the young child, while still predominantly under the domination of the pleasure principle, learns to use the danger signal (a dose of unpleasure) to mobilize the pleasure principle in the service of the ego to protect himself. The failure of this function to develop or operate would appear, from our observations, to be one of the major factors in explaining a leading threat to child health and survival, the possibility of serious 'accidents', in the second and third years of life. From the time a child can walk independently, certain expected risks or dangers become inherent in the 'average expectable environment' (5).

In Hartmann's successful efforts to establish the groundwork for a theory of human behavior, observations and formulations are based on normal as well as on abnormal phenomena. For example, in the above reference to his formulation of the average expectable environment Hartmann states: 'We know that, according to Freud, the development of the upright posture had a decisive influence on the vicissitudes of man's instinctual drives. Why shouldn't we then—keeping in mind the differences between ontogenetic and phylogenetic situations—assume a similar relationship between adaptation and instinctual drive in ontogenesis as well? No instinctual drive in



man guarantees adaptation in and of itself, yet on the average the whole ensemble of instinctual drives, ego functions, ego apparatuses, and the principles of regulation, as they meet the average expectable environmental conditions, do have survival value. Of these elements, the function of the ego apparatuses . . . is "objectively" the most purposive. The proposition that the external world compels the organism to adapt can be maintained only if one already takes man's survival tendencies and potentialities for granted' (5).

Children in the second and third year of life who are 'safe' in their growing up have the assistance and guidance of the maternal figure in using their survival tendencies. The mother supplements the child's capacity to avoid danger and to depend increasingly on painful danger signals emerging from the developing ego when an id-determined pleasure impulse threatens to endanger the child. The capacity to feel ego discomfort and to respond to it in the situation of dangerous id temptation depends on early learning experiences in which the parent's perception of reality as safe or dangerous is available as a guide to the child in the intimacy of sound object relationships. Such early learning experiences are constituted by the same mechanisms that later enable the child to take care of his body as the parent has, and to sense from the parent what is prohibited in the context of the early object relationships. These mechanisms probably include also the forerunners to early ego identifications, so essential for adaptation. It is, as Hartmann explained, a situation in which the child learns to use the danger signal (a dose of unpleasure in the ego) to mobilize the pleasure principle to protect himself from dangerous consequences of pleasure in the service of the id. This mechanism is used against danger from within as well as against danger from without (6, 7, 8). Where this mechanism fails to operate, the child in the second and third year of life is in need of extraordinary environmental protection from such things as gravitational forces in certain situations (stairs and other heights), objects which are excessively hot or cold, the ingestion of noxious sub-

stances, and many other everyday situations. Obviously the well developing child is in need of and thrives on a large number of appropriate opportunities to explore and experiment with the aid of external and internal safety factors. Since the cognitive resources of the ego are not yet sufficiently developed for the understanding of causal relationships, the prelogical child relies on a balance or combination of environmental safeguards provided by parents (auxiliary ego) and the unpleasure danger signal from his own ego when the demands of pleasure from the id in the usual environment threaten the child's safety or well-being.

Obviously, it is not a matter of excessive environmental safeguards or none, since the environment of the healthy two-year-old child must have built-in safety factors. However, if the child is not capable of coöperating with the love object or the love object with the child, early learning mechanisms may be jeopardized. These would include those mechanisms through which the ego's functions become experienced as pleasurable when they are harmonious with the directions and influences of the parental figure. A paucity of such early learning mechanisms interferes with the ego's ability to develop unpleasure in the face of danger and the child is then less well protected from the necessary—and desirable—risks of the average expectable environment. Conversely, the child's average expectable environment can be safe for and stimulating to development when the confluence of id, ego, and environmental influences promote adaptation and survival rather than danger and destruction. Thus, a two-year-old child whose ego development has lagged in establishing a capacity for unpleasure created by id demands that are dangerous is more likely to stumble to a fracture, ingest aspirin or a toxic household agent in a life-threatening way, or walk into a swimming pool where only ordinary precautions have been taken. The reasons for this developmental lag in a physically normal child are most likely to be found in the pattern of the early experiences with the mother, i.e., in the area of object relationships.

Although much of the above is a working hypothesis derived from Hartmann's work, it is also derived from studies of children who have accidentally ingested a noxious substance (9).<sup>1</sup> In these preliminary studies of children under the age of four, cognizance was taken of the fact that over four hundred thousand children were seen by physicians in 1962 for 'accidental' poisoning (National Health Survey, 1962). However, the most impressive fact is that so many more children do *not* ingest noxious agents ranging from aspirin to ant poison, and from cleaning agents to heating fluids, such as kerosene.

Hartmann's formulations are unusually fertile in the critical suggestions and predictions they offer in what might be termed applications of psychoanalytic theory. Thus, in our study of fourteen children under the age of four who had accidentally ingested poison, Hartmann's psychoanalytic investigation of the pleasure and reality principles enabled us to approach an understanding of those children who do *not* ingest poison as well as those who do. In each of the fourteen children studied, for a variety of reasons, the mother-child relationship was deficient because of the mother's state of depletion. In those children under two years old, the mother's lack of psychological and emotional resources was reflected by an environment that was less safe than an average expectable environment should be for motile, grasping children of this age. For example, kerosene was left where an eighteen-month-old child could easily move toward it and drink it. One might say in this youngest group that the environment created by the depleted mother offered invitations to ingest noxious substances (id temptations) without the expected protection of the mother, and before the child's ego development could provide the danger signal of unpleasure or the protection of understanding.

In older children studied, between two and four, there were a number of influences that sapped the resources of the maternal figure, ranging from unexpected pregnancies to the dis-

<sup>1</sup> From the Department of Pediatrics and Psychiatry, Yale University School of Medicine and Child Study Center.

approval and rejection of the mother by her own mother (the child's maternal grandmother), or by inadequate supportive interest and care from her husband. It became clear that the withdrawal of such crucial psychological support of the mother impaired the mother-child relationship to the detriment of those ego capacities of the young child (two to four) that enable him to learn from and identify with the protective mother, and which stem from libidinal ties of a satisfying and soothing nature. In these situations it appeared that the child was unable to develop or use effectively the unpleasure signal of the ego to ward off the impulse to ingest a tempting noxious substance, even in those instances in which it had been put away with ordinary precautions. In a child in whom the object relationships were sound and in whom ego development was not impaired, we assumed that such impulses stemming from the id (to open the bottle and eat the aspirin) would probably have been warded off by the danger signal of unpleasure from the ego based on early learning mechanisms and on partial identifications of the child with a libidinally satisfying love object. This formulation received support from our comparative study of fourteen children of the same age and sex who did not ingest poison. In this comparison group, factors of maternal depletion or deviant ego development were absent.

Hartmann's formulations enable us to understand not only why so many young children do not ingest poison, but also underscore the necessity to avoid oversimplifications that explain 'accidents' mainly or only on the basis of carelessness in the environment. It is beyond the scope of this paper to go into greater detail about the findings of this investigation, which will be published. This study, however, is but one example of the productivity of Hartmann's insistence that theory, clinical observation, and developmental considerations be viewed as essentially related aspects of psychoanalysis, a general human psychology. Thus, Hartmann's conceptualization of the pleasure principle in the service of the ego in a developmental continuum enables us to approach the study of accidents in early



childhood anew, with fresh and promising hypotheses that relate normal or healthy development to deviant development.

Hartmann's published work is filled with fruitful suggestions and direction indicators for the uncovering of new knowledge and the refinement of areas of understanding that have been staked out previously. Many psychological vistas have been made possible by his brilliant theory building, a unique form of theoretical illumination that because of its closeness to clinical realities is replete with suggestions for research, involving applications of psychoanalysis which, in turn, have the effect of sharpening or refining theoretical formulations.

It is also characteristic of Hartmann's comprehensive views that they increase our knowledge of psychic health and indicate pathways to the prevention of mental illness. His many contributions have provided sufficient elaborations, well-designed questions and suggestions about future studies to keep psychoanalysts and other behavioral scientists busy and productive for many years to come. It is appropriate on Heinz Hartmann's seventieth birthday to express our gratitude and congratulations to him, as well as to demonstrate our readiness to use the continuing perspectives and knowledge that his work and contributions make available.

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# THE TRAINING ANALYSIS

## A CRITICAL REVIEW OF THE LITERATURE AND A CONTROVERSIAL PROPOSAL

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The training analysis is generally accepted as the cornerstone of psychoanalytic training, but the published literature on the subject is not very large. One reason for this may be that those who have written on the subject think that it is unsuitable for general publication and should be restricted to the limited circles of educational committees and institute faculties. Perhaps also analysts who have been engaged in training for a long time have come to believe that the problems of analyzing within a training program are intrinsically insoluble and no longer worth discussing. Indeed, I have heard exactly this pessimistic viewpoint expressed by a senior training analyst. Fortunately, this hopelessness is not universal, as is shown by the fact that this review of the literature was originally requested as an initial step in a projected study of the training analysis by the Committee on Psychoanalytic Education of the American Psychoanalytic Association.<sup>1</sup>

The monumental work of Lewin and Ross, *Psychoanalytic Education in the United States* (22), has performed services from which psychoanalysis will benefit for years to come, one of its greatest contributions being the crystallization of the overriding problem of psychoanalytic training in the concept of syncretism. Syncretism is defined as 'egregious compromise in religion or philosophy that is illogical or leads to inconsistencies; uncritical acceptance of conflicting or divergent beliefs and

<sup>1</sup> Dr. Phyllis Greenacre has abstracted a number of recent papers on training analysis and written a short review with her own comments (17). She has kindly permitted me to quote from this material.

I have not included historical papers in this review. Discussions of the history of the training analysis will be found in Balint (1), Ekstein (8, 9), and Lewin and Ross (22).

principles', and Lewin and Ross tell us that outside of religious circles it has come to mean 'the use of conflicting and irreconcilable assumptions'. The term 'psychoanalytic education' in itself epitomizes the conflicting dualism: psychoanalysis-education; therapy-teaching; therapist-teacher. The difficulties created by this dualism come to light in many areas of psychoanalytic training, but the training analysis is the locus par excellence of the syncretistic dilemma. Analysts have known of these problems and struggled with them from the time our present system of training was established, but Lewin and Ross formulated the difficulty in a way that focuses and clarifies our thinking. I can think of no better way to introduce this review than to set it against the background of the concept of syncretism.

This paper has been divided into three main sections. The first will deal with the special problems of the training analysis; the second will discuss ways that have been suggested in the literature for meeting these problems; the third will advance a proposal of my own for modifying the present training system.

## I. PROBLEMS OF THE TRAINING ANALYSIS

### TRANSFERENCE

Much of what has been written on the subject of the training analysis concerns the fact that when analysis is carried on in a psychoanalytic school important things happen to the process that set it apart from an ordinary therapeutic analysis. The most graphic description of the difference was written twenty-five years ago by Anna Freud (13): 'It would be viewed as a gross technical error if an analyst accepted as his patients persons from his close social environment, if he were to share his interests or opinions with them, if he were to discuss them in their presence; if he were to criticize and judge their behavior and discuss it with others and would permit himself to draw realistic consequences from his judgment; if he were to intervene actively in his patients' lives and offer himself as an example to them, and permit them at the end of the analysis the identification with himself, and his professional activity. The training



analyst commits every one of these gross technical errors in the framework of the analytic training situation. It remains an as yet unanswered question how much the transference situation of the training analysand is complicated and obscured by this technically deviating procedure. One hears again and again among analysts the complaint that the analysis of the future analyst fails to succeed therapeutically as well as the analyses of most neurotic patients. Many analysts suffer from unresolved infantile attitudes which disturb them in their affective relationship to their environment, or from unresolved transference fixations to their training analysts, which influence their scientific attitudes. They remain in a state of dependence on their training analyst, or else they separate from him in a violent revolt against the unresolved positive relationship. This is often accompanied by clamorous, hostile, though theoretically rationalized declarations.'

Since this was written, a number of authors have discussed the transference problems of the training analysis (Bernfeld [5], Bibring [6], Grotjahn [18], Lampl-de Groot [21], Nacht [23, 24], Nielsen [25], among others), and there is a general consensus about the problems which are created. Many have recognized that, as the analytic process depends heavily on analysis of an uncontaminated transference, it is here that the success of the training analysis encounters one of its gravest obstacles. In the dilution and distortion of the transference imposed by the training situation, syncretism has its sharpest impact, for the essence of the problem resides precisely in the dual function of the training analyst who tries at the same time to treat the candidate's neurosis and to be one of his educators.

The reactions of student-analysands to the analyst are determined in part, as in any analysis, by the infantile attitudes projected onto the analyst; they are also determined by realities introduced by the training situation. If, for example, the student-patient experiences his analyst as a depriving parent or sees him as a judge, this is not necessarily fantasy but may be largely true; as Nacht (23) points out, the sense of infantile

dependence of the candidate is partially due to his very real dependence on the analyst. The pure culture of the ideal transference is contaminated by elements of reality and, as in the bacteriological laboratory where colonies of pathogenic organisms are readily overgrown and obscured by undesired contaminants, the true transference feelings are so clouded and confused by reactions to reality as to render the analyst unsure of what he is witnessing. And even if *his* vision remains clear, the student finds it difficult to see the infantile nature of his own responses. The contaminating reality becomes an all too readily usable resistance. As Grotjahn (18) has put it, 'the doctor-patient . . . is invited to form a transference neurosis on a screen distorted by reality'.

For as we have it today, the training analyst must to some degree report his patient's confidences and be his judge. In the usual training program, the Students' Committee or its equivalent relies heavily on reports from the analyst in making its decision at each point in the student's progress. Whatever administrative 'gimmicks' may be introduced to obscure or minimize the training analyst's role, in the end he inevitably determines when the student starts courses, when he takes his first supervised case, and, above all, when he graduates. In all these decisions, the analyst must step out of his analytic role and intervene crucially in the student's real life.

In psychoanalysis as in other forms of psychiatric therapy the whole therapeutic relationship is founded on the patient's full assurance of the confidentiality of his communications to his therapist—his knowledge that nothing said in the privacy of the consulting room will ever be repeated or used in any way to his detriment. Yet the training analyst does exactly what we all insist must never be done. At some point he may have to use information confided to him by his patient to influence unfavorably the student's course and ultimately his entire professional career. It is therefore inevitable that some candidates will be unable to repose full trust in their training analysts and this must affect the freedom of their analytic work. At an informal

meeting of the faculty of the New York Psychoanalytic Institute in 1960. Anna Freud compared this situation to the analysis of children in which the analyst, regardless of his efforts to side with the child, remains part of the parental adult world and is distrusted by the child-patient. The training analyst is in the same position in the student-patient's unconscious in that he reports to the institute just as the child analyst reports to the parents. Miss Freud concluded that no candidate can ever really fully trust his training analyst.

The analyst's lost anonymity is a further hazard to the training analysis. His position as a member of the institute faculty frequently leads to professional contacts with his student-analysands and they come to know much more about him than is usually considered desirable for the analytic relationship. Bibring (6) minimizes the trouble these contacts cause the analysand; but they add considerably, she believes, to the burdens of the analyst. She counsels the analyst to pay equal attention to the positive and negative aspects of the student's response to any outside contact with him,—to avoid, for example, the easy pitfall of accepting compliments as realistic appraisals and treating criticisms as neurotic reactions. Greenacre (17) shows more concern about outside contacts. She warns that both analyst and patient may readily remain unaware of their significance so that the whole experience becomes 'embedded' in the transference resistance.

In all that has been written on how the training situation endangers the training analysis, one thing missing is any informed estimate of how often a training analysis fails because of these problems, nor do we know how many analyses have succeeded in spite of them. The unanswered question of Anna Freud in 1938—'how much the transference situation of the training analysand is complicated and obscured by this technically deviating procedure'—is still unanswered today in any quantitative sense. Opinions expressed in the literature are impressionistic; to the question 'how much?' the answer is 'very much indeed'.

MOTIVATION AND SELECTION: THE 'NORMAL'  
AND THE 'SICK' CANDIDATE

Since Anna Freud's 1938 paper, various authors have dealt with the question of motivation for analysis in candidates, and how the degree of motivation affects the course of the training analysis. Miss Freud pointed to a difference between the patient-analysand and the candidate-analysand: 'The neurotic person wishes to be relieved of his suffering. The relatively well candidate comes to analysis for professional reasons.' She had the conviction, however, that this difference hardly influences the course of the analysis: 'as the analysis progresses, conscious motivations lose significance, while the unconscious motivations gain in importance in terms of either impelling the candidate toward the analysis or tending to interfere with continuing it'. The suffering of the neurotic patient, Miss Freud believed, may be an affectively more powerful motivation, but the professional motivation of the candidate proves more dependable. Pointing out that candidates seldom leave analysis under pressure of resistance, as neurotic patients so often do, she nevertheless considered that the relatively stable defensive systems of normal candidates make for more powerful resistances than occur in the analyses of neurotics, whose defenses against uncovering of unconscious material are weaker. But the neurotic's need to maintain established patterns of drive discharge makes for id resistances more powerful than those of the normal candidate. Miss Freud suggested that on balance the mental health of the candidate does not present a formidable obstacle to his successful analysis. In her discussion in 1960, mentioned above, Miss Freud reaffirmed this belief. She also pointed out that in the normal candidate, libido is firmly attached to real objects, whereas in the neurotic the libido is attached in large measure to fantasy objects; hence the normal candidate will take much longer to develop a transference.

Hanns Sachs (27) in 1947 expressed the view that candidates with 'too few neurotic symptoms' should not be accepted, as their defensive systems produce too great a repression of con-



flict. Kubie, in an unpublished paper read at a 1948 panel and quoted by Gitelson (15), spoke of the danger that the student may mask serious neurotic traits in the training analysis so that he appears more normal than he is, a point which Gitelson explores thoroughly in his 1954 paper. Knight (20), in a presidential address, also expressed his concern over the problems of training the many postwar 'normal' candidates, and Kurt Eissler (11) had similar misgivings about the analyzability of 'normal' persons.

It is my impression that Miss Freud's rather optimistic view of the motivation of the normal candidate is not shared by many training analysts, at least as expressed in their papers. With regard to the infrequency of 'drop-outs', it is no doubt true that a candidate is unlikely to stop his analysis since to do so means an end to the aspirations on which so much is staked. He is, in a sense, a captive audience. But although his professional ambitions may keep him coming, mere continuation of the analysis is of course no indication of a meaningful analytic process. Nacht (23) also alludes to the infrequency with which candidates interrupt their analyses, but is not happy about this fact. As he puts it, 'Flight from the analysis is practically impossible', and the candidate is tied to the analyst by vital needs, like a child to his parents. His dependence on the analyst is not a fantasy derived from infantile sources but a current reality.

Lampl-de Groot (21) mentions a difficulty remarked on by Anna Freud: that it is hard to analyze defenses not involved in a pathogenic conflict; she concludes that it takes great time and patience. Grotjahn (18) speaks of the candidate as being like a 'sick physician'—the physician cannot forget his medical knowledge and the candidate cannot forget that 'he is in training and not only in therapy'. Grotjahn's conclusions with regard to technique will be referred to later. Nielsen (25) considers the lack of motivation of the normal candidate a greater hazard to the training analysis than the knotty problem of transference. As to selection, he advises as one possibility a

policy of deliberately choosing neurotic candidates. As an alternative, he suggests selecting normal candidates with the clear expectation that they will not be analyzed intensively, but will have a short didactic experience (similar to the practice of the early years of analysis) that will let them experience, and become convinced about, unconscious forces. Nielsen's suggestions would probably seem highly oversimplified to other authors, particularly Gitelson (16). Nacht (23) also accepts, but with misgivings, the idea that normality, which may create so many problems in the training analysis, should not be a positive criterion in selection of candidates.

All this discussion tacitly assumes that 'normal' candidates exist. Gitelson cut through the argument with a penetrating analysis of normality. In 1948 (15), he was already dubious about accepting the term 'normality' at face value and spoke about it as a defense. He suggested that it would be better to determine through interviews what a man has made of himself in spite of his neurosis, and then to let the analysis be the final test. In his paper of 1954 (16) he argued that the apparent normality of many candidates is a defensive façade under which there is often a deep-seated neurosis. The normal candidate, says Gitelson, 'lives in terms of a façade whose structure is patterned by his environment. This provides opportunistic gratification of his instincts by virtue of their imbrication with the demands of his environment.' This façade presents a difficult technical problem. Gitelson does not discuss the application of his thesis to selection of candidates.<sup>2</sup>

Greenacre (17) largely agrees with Gitelson that plans for a career and conscious competitive attitudes are motivations that do not necessarily deform or upset the course of the training analysis. She says, however, that 'in a fair number of cases it

<sup>2</sup> Gitelson's 1954 paper is too full and complex to be adequately discussed here. His arguments can be presented only in an oversimplified form. They are supported by discussion of the question of adaptation and mental health and of cultural influences on defense. His paper should be studied by all those concerned with the problems of training analysis.

seems . . . that this conscious motivation . . . is a continuum with severe narcissistic defenses and resistances, of which only the surface manifestations are conscious'. She refers to a type of candidate frequently attracted to analytic training in recent years: he is 'brilliant, intellectual, and [has] narcissistic facsimiles of, rather than real, object relationships'. In these individuals, 'competitive success in fact and fantasy forms the major bulwark of defense'. These apparently normal candidates, in her experience, have great difficulty in reaching knowledge of the unconscious, and in many cases are 'not really analyzed until the matter of graduation is settled'.

The question of whether to select 'sick' or 'normal' candidates is primarily a problem for students of the process of selection, but it also closely affects the course of the training analysis. We have much to learn about this issue and any conclusions about training analysis must inevitably influence selection of candidates. The two problems—training analysis and selection—overlap and should be studied together.

### ECOLOGICAL COMPLICATIONS

It is not only the analysand for whom the waters are muddied by the training situation; the analyst who works as a member of the faculty finds himself subjected to interfering 'ecological' influences that do not disturb the calm of his consulting room when he is treating an 'ordinary' patient. The training analyst has a special narcissistic stake in the success of his students' analyses; their course as students, their achievements or shortcomings, are under constant scrutiny by committees of his colleagues. What is more, as Grotjahn says, the student-analysand, unlike the private patient, does not obligingly vanish from the scene. Once the analysis ends he becomes, if fortune favors, a member of the Society and what he does will always reflect on the man who analyzed him. The training analyst works, as it were, in a fish bowl, and, as Nacht points out, may feel anxiety about the judgment of his colleagues,—especially

of his senior colleagues if he is a young training analyst. A more serious problem may occur when the training analyst is unduly competitive with his colleagues and uses his student analyses as the battlefield of his competition. All these extraneous pressures may distort the objectivity with which the training analyst sees his student patient and may color his decisions in endless ways. He may identify himself too much with his student, collaborate in his denials, fail to examine his own motives in dealing with administrative problems, underestimate or overestimate the severity of his patient's neurosis; in short, his personal reactions may in a variety of ways add to the difficulties the student himself brings into the analysis. Benedek (3) discusses the untoward reactions of the training analyst from an interesting point of view. 'By becoming a training analyst, he is like a man—like most men—who become fathers without having resolved their conflicts with their own fathers. He is compelled by his unconscious to live out in his attitude toward his children those conflicts which he has in regard to his functions and responsibilities as a parent.' She points out the various ways in which this sort of countertransference may complicate the training analysis.<sup>3</sup>

Nothing appears to have been published about selection of training analysts. There is a vast territory to explore here, involving such questions as the relation between analytic skill and ability to teach, the criteria for selection, procedures for appointment and reappointment, and the ways of terminating an appointment. Individual institutes have discussed these questions but their experiences and deliberations have not yet been published.

The student is affected in another way by the fact that his training analysis takes place in an institute; any school setting is competitive. Bibring (6) emphasizes that problems caused by

<sup>3</sup> Benedek is speaking of a true countertransference problem. It should be pointed out that many of the unfavorable reactions of the training analyst commonly described as 'countertransference' are not really that, but are rather neurotic reactions to the conditions of being a training analyst. It is desirable to keep this distinction clear.



competition especially flourish in large institutes but, as Greenacre points out, they are likely to be even worse in small ones. The students watch each other's progress in classes; the student who is delayed at any point in his training suffers a narcissistic hurt that often reverberates in his analysis; when two or more students are in analysis with the same training analyst, rivalries may be heightened even further. Anna Freud (13) states that a variety of infantile family relationships may be revived in fellow students and that in the institute 'the living out of the sibling transference becomes more significant than the interpretation of the infantile material that reappears in it'.

## II. MANAGEMENT

### TECHNICAL RECOMMENDATIONS

Various writers have suggested solutions for the problems of the training analysis. Fenichel (12),—without much hope that they would be effective—offered two ways out of the difficulties caused by the fact that 'the training analyst is actually a decisive person in the life of the candidate'. First, it should be stressed that a whole training committee makes the decisions, not the analyst alone; but he adds, 'the candidate certainly realizes that in this committee too the voice of the analyst will be the decisive one'. Second, the complication must be frankly admitted to the candidate. Lampl-de Groot (21) suggests that special transference problems be dealt with by 'most careful and rightly timed handling in the analytic situation'. She believes that the training analysis has a more extensive aim than a therapeutic analysis—in the latter one tries only to analyze those defenses involved in the pathogenic conflict, whereas in the former one wants to analyze all aspects of ego functioning. In the absence of conflict and suffering this is hard, and Lampl-de Groot counsels that great patience and plenty of time are called for and that less frequent sessions are clearly contraindicated.

Nielsen (25) recommends an active technique, a deliberate attempt by the analyst to create pain in the analysand. Heimann (19) suggests that the analyst try to turn the difficulties of the

training analysis into instruments of therapy by carefully analyzing the candidate's reactions to the various interfering factors; but she also recommends strict adherence to analytic procedure. Grotjahn (18), in sharp contrast, urges that 'rules inhibiting spontaneity and enforcing regularity or even rigidity in training analysis must be kept to a minimum if the training analysis is ever to approximate a therapeutic analysis. I consider such freedom or flexibility or spontaneity essential to safeguard the efficiency of training analysis.'<sup>4</sup> Nacht (23), in dealing with difficulties of the transference, can only advise that one must use more subtle interpretation. Balint (2) expresses concern over a tendency to interpret small hostilities early and drain off aggression before it can emerge in full intensity. With every minor aggression quickly drained off ('real hatred is only talked of, not felt'), the student-analysand cannot 'nibble bits off his analyst' but must swallow him whole as an idealized and hated object, so that any criticism of his analyst he may later hear releases all the old rage at the critic—a factor in factional fights among analysts.

Bibring (6) offers specific and succinct technical recommendations. The analyst, she says, must make it his business to deal with such of the candidate's characteristics as might make him unsuitable to become an analyst. She cautions against the danger that the analyst may use the administrative apparatus of the institute to avoid discussing these problems in the analysis,—that is, by leaving them to be handled by committees instead of by himself. The analyst may behave like the mother who in rearing her child is afraid of acting as a bad mother. Not to confront the student-analysand with these important realities is only to postpone a conflict that may come to a head at an inopportune moment. Bibring recommends as essential that the analyst deal with the system of defenses which the analysand so frequently presents in place of overt symptoms. With this must go a careful analysis of his motives for seeking training.

<sup>4</sup> Grotjahn refers here specifically to rules laid down in minimal training standards.

After this it is possible to establish a number of indispensable conditions: first, to achieve the necessary therapeutic splitting of the ego by which a therapeutic alliance can be formed; second, to introduce the principle of dealing with reality within the analysis; and third, to see to it that the candidate becomes familiar with the real significance of the analyst's evaluation of him so that it will become his concern as well as that of the analyst. Only after these issues are clarified and the leading mechanisms of defense well understood does Bibring consider it possible for the candidate to begin his theoretical training. (Greenacre suggests that the analyst who adopts Bibring's recommendations is directing the early stages of the analysis; if so, she asks, what will be the effect on the rest of the analysis and on the transference?)

Gitelson (16) devotes considerable attention to the clinical problems presented by analysis of candidates. He starts with the assumption that a student-patient attempts to accomplish in his relationship to the analyst the same things that he has accomplished in the world at large, and in this attempt he follows patterns that have been more or less successful in mastering the environment. Gitelson suggests that the analyst must use ego analysis as it is described by Fenichel 'which, in the case of candidates, includes as a first step a meticulous effort to resolve that part of their defenses which has gained strength from the ecology of their pre-analytic experience. This includes the analysis of the very choice of psychoanalysis as a career.' Freud asked whether it is ethically warranted or technically possible to turn an unconscious conflict into a conscious one. Following Fenichel, Gitelson suggests that it is not a matter of creating new conflicts but of mobilizing latent ones, and that in so doing the analyst must pay attention to 'small signs' ignored by the patient but usable to demonstrate the existence of conflict and to bring it into the analysis. He makes clear that he is not referring to various maneuvers that attempt to manipulate the transference. These, he believes, will only duplicate the manipulations of the patient's parents, which contrib-

uted so largely to the creation of the adult neurosis. He feels rather that the analyst must try to correct, for the analytic situation, the 'spoiling' produced by the milieu in which the patient grew up. 'The hope of the analytic situation lies in the possibility of effecting a differentiation between it and the atmosphere of the candidate's past life. . . . It is, therefore, concerned with the institution of a learning process which goes on during a prolonged initial period of "testing", during which the validity of the analytic situation establishes itself. The patient must prove its "difference".' Gitelson concludes in part that ' . . . looking upon the culturally determined normal behavior as itself a resistance, we may attempt to mobilize conflict made latent by the culture and thus, in the end, analyze the vicissitudes of the libido itself'. He concedes that 'this is a large order', but after all, 'our candidates, as we find them, are the future of psychoanalysis. We cannot sidestep our responsibility for trying to insure that future.'

Taken as a group, the papers that make technical recommendations for dealing with the transference problems of the training analysis seem to me to fall far short of what is needed. It is quite all right to advise such things as careful timing, subtle interpretation, turning difficulties into therapeutic instruments, taking plenty of time and patience, and so on. But none of these well-meant suggestions can possibly overcome the massive problem of the distorted and contaminated transference situation which these same authors agree exists in the training analysis. These small prescriptions for an enormous problem are like advising aspirin for encephalitis. Grotjahn's suggestion of increased flexibility and spontaneity is not clear;<sup>5</sup> but can any amount of modification of analytic arrangements make a training analysis really like a therapeutic analysis? None of the suggestions made in this group of papers can be considered a real approach to the solution of the problem of the transference, although the papers of Gitelson and Bibring are valuable

<sup>5</sup> In a discussion in 1953 (29), it was vigorously opposed by Bibring, Gitelson, and others.



contributions to a different question—how to handle the character analysis of the symptom-free candidate.

#### THE TERMINATION OF TRAINING ANALYSIS

In 1954, a panel discussion was devoted to the problems of termination of the training analysis, and four papers from this panel, by Ekstein, Benedek, Weigert, and Windholz, were published the following year. Ekstein (10) said that in training analyses (as in other analyses—a point made by Annie Reich) it is important to analyze the mourning reaction of the patient after a date is set for termination. He counseled against a social or professional relationship between the training analyst and the candidate too soon after the analysis is terminated, for such contact hinders resolution of the mourning reaction.<sup>6</sup> Ekstein's central recommendation is that the institutional setting be used for resolution of the transference. If the training analyst is of equal status with his colleagues, he will not need to maintain a 'transfer' to his candidate but can 'allow [him] to make an institutional transfer', to continue training with other colleagues. This seems to me a promising suggestion for using constructively the dissolution of the transference in training analysis.

Benedek (4), in discussing termination, laid out a broad plan for the entire training analysis. She proposes analysis in two phases: a short first phase, similar to the early training analyses, to be interrupted when the candidate is ready to do supervised work. Benedek advances a number of reasons for believing that supervision during analysis is undesirable, and accordingly

<sup>6</sup> Anna Freud (13) also advised against contact of analyst with analysand soon after analysis, but formulated it differently. 'The final resolution of the transference neurosis and the detachment of libidinous quantities invested in the transference in the analyst is a process that requires time. . . . It reaches its end not until the patient has the opportunity to test himself and find confidence in his ability to function without the analyst's support.' Paul Kramer, in reading Miss Freud's paper to the Faculty of the Chicago Institute, added disapprovingly that sometimes 'the end of the training analysis is prematurely celebrated by a round of mutual dinner invitations and a taking up of social relationships shortly after the last session'.

wants phase two to start when supervision is completed. It would then serve to test the adequacy of the candidate's self-analysis and the working through of conflicts reactivated by supervision. She concedes that this would only change the problem of termination to one of interruption and add new problems, but suggests that it would permit systematic study of the various phases of training. I doubt that most analytic educators would favor this plan; aside from its clinical difficulties there is the practical disadvantage that it would extend the period of training beyond its already tremendous length.

Weigert's paper (30) is devoted chiefly to the countertransference of the training analyst. 'The termination of training analysis is essentially a matter of trust—mutual trust as well as the trust that the trainee will carry on his self-analysis. The analyst's awareness of the subsidence of his own countertransference feelings is an important part of this criterion, as is the development of mutual openness and frankness between training analyst and candidate.' I very much agree with Ekstein's comment that Weigert here seems to introduce a moral issue into what should be an objective clinical problem. Also is not 'the development of mutual openness and frankness' an essential feature from the start of the analytic relationship? As for the analyst's awareness of the subsidence of his countertransference feelings as a criterion for termination, I find this rather hard to accept.

Windholz's paper (31) on the termination of training analysis ranges over a variety of problems, and he concludes that all the factors that influence the course of training analysis will affect the phase of termination. He does not attempt to spell out how the terminal phase should be handled. His clearest feeling is perhaps expressed in one short sentence: 'Didactic analysis—is interminable'.

Bibring (6) said that the state of the candidate's 'analytic superego' partly determines his readiness to conclude his analysis. By this she means that the process of growth which occurs in the training analysis should enable the candidate to continue

to acquire self-knowledge (even if it is painful) without requiring to be directed to it by the presence of his analyst. At the point of termination she has found it helpful to tell the candidate that no didactic analysis should be considered ended, but rather that the end of regular sessions should be considered a trial interruption. Unresolved difficulties are reviewed and analyst and candidate agree together as to when they will meet again for a new survey of the results. Usually they decide to let a year elapse, after which they will meet to evaluate the candidate's work and progress and to decide whether further analysis is called for.

The problem of termination requires consideration of the candidate's identification of himself with the training analyst. Anna Freud dealt with this in her paper, but otherwise the subject has received rather scanty attention. Miss Freud pointed out that in a therapeutic analysis one looks for resolution of the patient's identification with his analyst through the interpretation and uncovering of the infantile roots of the identification. The analysand is thus brought to recognize the unreal character of the identification and can turn his energies to his own life interests. In the training analysis this cannot happen since identification with the analyst takes place in reality and the infantile and real determinants of the identification become fused. The patient in therapeutic analysis ends by becoming independent of the analyst and separating his fate from that of the analyst, while the candidate at the end of training connects his future with that of the analyst by becoming his colleague and sometimes his collaborator. This fact must affect the success of any training analysis and sometimes has produced cliques and factions within analytic groups.

#### ADMINISTRATIVE ARRANGEMENTS

Lewin and Ross expressed the hope that psychoanalytic educators will find a way of synthesizing in an acceptable way the two conflicting functions of training analysts. Proposals have

been made, and sometimes carried out, that the training analyst be exempted from taking part in administrative decisions about his analysands. There are recommendations that all decisions about progress and graduation be made by committees and communicated by committees, so that it is not the analyst who tells the student that he may or may not start courses or supervision, or that he needs more supervision. But Fenichel and others who make these suggestions, as well as those who carry them into practice, are aware that these changes really change nothing. It does not matter who, *de jure*, takes the actual vote or who writes the letter; the critical fact is that it is the analyst *de facto* who makes the decision, since the committees tend to consider him the final and authoritative voice. As long as this is so, his dual function and its effect on the analysis are unchanged.

At the Chicago Institute for Psychoanalysis the candidate, after selection, is referred for training analysis. When he and his analyst agree that he is ready to begin supervised analysis, he applies for matriculation (didactic work and supervision) and a letter is sent by his training analyst to the Education Committee. (Occasionally an analyst exercises the option of declining comment.) The candidate is now interviewed and a decision is made by the Education Committee and the staff. In most cases, apparently the analysis has been concluded before the student is ready to be considered for graduation.<sup>7</sup>

As I see it, the change effected by this procedure is one of phase rather than essence. The student's matriculation must be influenced to a large extent by the course of his analysis; the training analyst, instead of making the decisions as to progress, in effect influences the earlier decision as to matriculation, and the analysis is carried on under the burden of this crucial fact. Although using the analysis itself as an aid in selection of candidates has many advantages, it is hard to see how the problem of dualism is mitigated in any essential way by this arrange-

<sup>7</sup> Dr. Charles Kligerman furnished me with this account of the procedure in Chicago.



ment. As Bibring (6) puts it: 'I wonder whether this procedure, different as it may appear technically, does really procure what it sets out to do: a greater security for the analysand and less apprehension as to the outcome of the analysis. It does not seem to represent an important difference so far as the candidate's conscious and unconscious anxieties are concerned. Whether they refer to the analyst's hostile judgment interfering with the hope of qualifying as an analyst, or with the hope of being accepted by the Institute . . . the issue in question will hardly be touched.'

Analysis before admission to the institute also has the disadvantage, as Greenacre and others see it, that the student is not in analysis during his supervised work so that problems brought to the fore by his work with patients cannot be subjected to scrutiny in his own analysis. Moreover, training analyses are already long; to require that a candidate complete his analysis before admission increases the already burdensome length of his training. In fact, the whole question of the timing of supervised work in relation to the training analysis remains unsettled. Benedek (4) advocates that supervised work be done while the candidate is not in analysis. Analysis before admission would have the same effect. Blitzsten and Fleming (7) at one time recommended that supervision itself be used as a means of continuing the analysis. Most writers favor some degree of overlap, and some authors, like Bibring, attempt to specify when in the analysis it is desirable for supervision to begin. Certainly it seems that supervision will usually bring forward problems that require analysis and that may be fruitful for the analysis. Bibring points out in illustration that when the analysand takes his first analytic patient he becomes like young parents with their first child; they often discover new aspects of their relationship to their own parents and may find themselves, for example, compulsively treating the child in ways to which they had objected in their parents. Similarly, the analysand-become-analyst will often do to his patient what he did not want done to him by his analyst—which Bibring

cites as one of various possible 'transference countertransference configurations'.

The most radical proposals have come from Bernfeld who would, in effect, abolish altogether the administrative apparatus of organized psychoanalysis. The recommendations in his posthumously published paper on psychoanalytic training (4) affect all aspects of training, for his overriding concern was that psychoanalysis has become overorganized and overinstitutionalized to the point where its essential spirit is in danger of being smothered by an inflexible bureaucracy. He would therefore eliminate formal requirements as to previous training, would do away with committees on admission, education, and students, and would indeed altogether eliminate the category of 'training analyst'. He outlined an informal, personal process by which an analyst, having spotted someone who seems 'interesting, talented [and] passionately interested in psychoanalysis' would bring such an individual to meetings of the Society, have him meet other analysts, perhaps read a paper, and receive supervision of his psychotherapy. 'Since he is interested in psychoanalysis, he probably will be eager to be psychoanalyzed himself', and the introducing analyst would undertake his analysis or refer him to a colleague. After the protégé has mingled with other analysts and worked with 'control analysts', he would be well known to most of the group who would then decide whether or not to accept him in the Society. Bernfeld suggested that this informal procedure would have no worse flaws than the existing system, and would have the essential advantage that 'extra-analytic considerations' would be eliminated.

I believe that one can have full respect for the spirit of Bernfeld's concern without accepting his extreme solutions. Rigidity and bureaucratic proliferation are hazards inherent in organization, and they tend to grow as the organization grows. It behooves everyone who is concerned with psychoanalytic education to heed Bernfeld's warnings. But it seems inconceivable that psychoanalysis can go back to the informal procedures of its infancy. Bernfeld's proposals would indeed eliminate syn-

cretism, the besetting dilemma of training analysis, but I believe that this dilemma will have to be solved by means less radical than the dismantling of the organizational structure of psychoanalysis.

#### THE QUESTION OF THE SECOND ANALYSIS

I ampl de Groot (21), Nacht (23), other writers, and faculties of institutes in their discussions, have noted that many candidates are not successfully analyzed as students and perhaps need a second, potentially more fruitful analysis after graduation when the fact of being a student no longer interferes. Support for this recommendation is often drawn from Freud's famous statement in *Analysis Terminable and Interminable* (14) that '... every analyst ought himself to submit to analysis at intervals of, say, five years, without any feeling of shame in so doing. This is as much as to say that not only the patient's analysis but that of the analyst himself is a task that is never finished.' Some discussants seem to regard postgraduate re-analysis as a solution to the problems of the training analysis. This proposal demands careful scrutiny, however.

Freud thought of the training analysis as a brief and incomplete affair, its purpose accomplished if 'it imparts to the novice a sincere conviction of the existence of the unconscious, enables him through the emergence of repressed material in his own mind to perceive in himself processes which otherwise he would have regarded as incredible, and gives him a first sample of the technique which has proved to be the only correct method in conducting analyses'. Granting that this would not constitute adequate training, Freud relied on a continuation of the analytic process after the candidate's analysis had ended. But today training analyses are aimed at resolution of complex characterological problems and last several years. If the student needs further analysis after graduation because his training analysis faced inherent obstacles, re-analysis should certainly not be considered a desirable solution to the problem and there should be no complacency about it.

### III. A CONTROVERSIAL PROPOSAL

The crucial problem of the training analysis appears to be the dual function of the training analyst, a problem much discussed but still unsolved. Analytic training has scarcely changed since it was developed in Berlin in the early 1920's, and no one except Bernfeld has suggested a fundamental modification.

I think it is time to ask ourselves some hard questions. Are we justified in asking our students to make the great investment of effort, time, and money for training analysis if we know that it is being conducted in a way likely to hamper it from the start? This question is particularly pertinent when we think of the heavy sacrifices many students make to pay for their training analyses. Further, are we giving our students a defective model of analytic behavior in having their training analysts violate the normal rule of confidentiality by reporting on their personal problems to third persons? Further yet, training analysts have little time to spare. Is it right to ask them to conduct analyses with so many built-in hazards? Finally, are we doing justice to the analytic profession as a whole by continuing a system of training which, we believe, leaves many students unsuccessfully analyzed and in need of further analysis after graduation? There is after all no way of enforcing the post-graduate analysis, and although many conscientious and honest graduates do, when necessary, re-enter analysis, who knows how many who should do so fail to enter a second analysis? And who knows how much harm these inadequately analyzed persons do to psychoanalysis? If we face these questions squarely, we have an obligation to seek answers that go beyond mere tinkering with the details of the present system.

It seems strange that so little consideration has been given to a step which would go a long way toward resolving the syncretistic dilemma of the training analyst; namely, *to divorce the training analysis completely from the rest of the student's training*. It is generally assumed without question that one cannot gauge the progress of the student without knowing how



he is doing in his analysis, and yet surely this assumption must be questioned and studied. Do we really know, for example, to what extent we can judge a student's progress by his work in courses and particularly his work in supervised analysis, without reference to the progress of his own analysis? Has any Students Committee ever studied the possibility of dispensing with reports from the analyst in making its decisions? Is it possible, even, that committees might make *better* decisions without the analyst's reports? I am not at all convinced that reports from the analyst are essential and there may be reason to think that in some instances they are detrimental. The Rainbow Report (26), for example, referred to the fact that the training analyst, because he is the therapist, may not be able to act as an objective judge of his student's progress. This is consistent with what has been written about the neurotic problems the training analyst may bring to the analysis. The problem of the analyst's objectivity has been recognized in another way by the Admissions Committee of the New York Psychoanalytic Institute. When an applicant for admission as a student had already been in analysis prior to his application, it had once been customary to seek an opinion from his analyst for use in judging his suitability. Some years ago this practice was discontinued, since it was found that the recommendations of the analysts were not reliable; they often differed sharply from the impression of the applicant gained from admission interviews and they often led to bad results. This logically suggests that Students Committees too should not be governed by the opinions of the training analyst about the candidate, since it is also impossible for him to be objective.

I propose that we give serious consideration to a major change in the structure of our training. The student would begin analysis with a recognized training analyst and the institute be informed only that his analysis has been started. Thereafter, the training analyst would observe the same rules of discretion and confidentiality that are adhered to in any other analysis; he would under no circumstances discuss the candi-

date's analytic progress with the governing committees of the institute. The institute committees would receive reports from course instructors and from supervisors, and, as in any school, would judge the candidate on the basis of his academic and clinical work. When the reports of his supervisors indicate that he is able to conduct an analysis in a satisfactory way and seems from his supervised work to have an adequate grasp of the principles of analytic theory and practice, and when he has completed all of his courses, he is graduated. The question of the completion of his personal analysis remains a matter between him and his training analyst. The training analysis in this way becomes free from the hampering effects caused by the dual function of the analyst.

It is true that this arrangement would do nothing to solve a number of other problems discussed above. The problem of the symptom-free 'normal' or 'pseudonormal' candidate with all its attendant therapeutic complications would necessarily remain unchanged. The various ecological problems of student and analyst would be untouched since the analysis would still take place in an institutional setting. The difficulties caused by contact of analyst and analysand outside the analysis would remain, and the analyst's anonymity would still be impaired. But one overriding problem would be largely eliminated: the transference would not be contaminated but could be used to the full as it should be for a successful analysis.

I am aware that a host of new administrative problems might grow out of such an arrangement, such as problems of the student who does not complete his analysis, or whose analysis is interrupted for one reason or another. New methods would have to be devised for deciding when the student's courses and supervision should begin. These problems, I think, could be solved and, in any case, might represent a smaller hazard than does the present arrangement.

The objection will also undoubtedly be made that if the training analyst does not report on his analysand, grave problems will go undetected and we shall be graduating some candidates

with psychosis, psychopathy, or perversion, and that exceptions would have to be made for special cases of this sort. I believe, however, that if we were to decide to apply all the rules of an ordinary analysis to the training analysis, we should have the courage of our convictions and make no exceptions. This may seem an extreme position, but there are a number of things to be said in its favor. First, the chance that a student with so severe a disturbance would 'get by' all who observe him, including advisors, instructors, and supervisors, seems very small. Second, the training analyst confronted with such a problem might arrange a private consultation with a colleague, leading, for example, to a recommendation to the student that he withdraw—in which case only an administrative report would be made. Third, and most important, to allow any breach in the rule of strict confidentiality, even for extreme cases, would defeat its basic purpose once students became aware that exceptions were to be made, and this impairment of the value of the whole arrangement would have to be weighed against the danger that a psychotic student might in rare instances succeed in being graduated.

A few authors have made passing references to the idea of total separation, generally to dismiss it out of hand. But there is an interesting precedent. Bernfeld (5) tells us that 'Dr. Sachs, the first training analyst, soon withdrew from all offices in the Society and Institute'. Bertram Lewin has told me, in a letter, of his recollection that Sachs confined himself to analyzing patients and teaching courses, and avoided participation in the work of the Education Committee. In recent times only two authors, so far as I can determine, have advocated a comparable plan. Szasz (28) proposes that 'the training analyst should be considered the sole agent of his patient [candidate]. Institutes and societies should not ask for information from training analysts concerning candidates.' Szasz's premises for this recommendation, however, are quite different from mine and I doubt their relevance; moreover I find his argument in many ways unacceptable. Nacht (23) in 1954 referred briefly to the

possibility of arranging 'that the career of the future psychoanalyst should not depend on his own analyst's opinion of him. Only the supervisors . . . would decide.' It was only as this paper was nearing completion that I found the following passage in a paper of 1961 by Nacht and two of his colleagues (24): 'Here in Paris . . . we have developed means for diminishing the candidate's state of dependence in respect to his analyst. The method adopted by the great majority of the training committee handling the didactic analyses in Paris consists of practically removing from the analyst charged with handling the didactic analysis all personal initiative in other aspects of the student's training and all direct influence in appreciating the results obtained.'

This is a succinct statement of my own proposal. On grounds of both theory and principle, separation of the training analysis from the school has, in my opinion, a compelling logic, and I believe that ultimately we shall have no choice but to try it.

### SUMMARY

A number of problems calling for investigation emerge from a study of the literature on training analysis.

1. What kind of student should we select for training? Should we prefer 'normal' or 'sick' candidates: 'normality' is sometimes a façade that profoundly complicates the training analysis.

2. What should be the relation in time between formally becoming a student, starting supervised work, and the course of the training analysis? There is a range of suggestions: that the analysis be completed before admission, or that supervision begin early in analysis, late in analysis, after analysis, or during a hiatus in analysis. All these proposals merit study.

3. The problem of criteria for selection of training analysts has received no attention in print.

4. The most serious problem of all lies in the fact that the training analyst must play two incompatible roles in relation to his student-analysand: he must analyze and simultaneously be a



teacher and judge. There is general agreement in the literature that the dual function of the training analyst may seriously hamper the training analysis. Various suggestions for avoiding this difficulty have been made. The author of this paper advocates that the dilemma be resolved by separating the training analysis from the rest of analytic training.

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# GAMBLING ADDICTION IN AN ADOLESCENT MALE

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In some form the impulse to gamble, to take a chance, arises in everyone from the driver who risks parking his car illegally to the speculator who risks millions in the stock market. Many forms of gambling are accepted as highly respectable businesses. 'Venture capital' is a term commonly employed by economists to euphemize these aspects of speculative enterprises. Implicit in the simple purchase of a bargain, for example, is the speculation that the price of the bargain will never be as low again and that a reduction in price is not the signal of inferior value.

From the earliest psychoanalytic study of gambling by von Hattingberg (20) in 1914 to Bergler's book on the psychology of gambling in 1957 (3), there have been fewer than twenty studies made of the compulsion to gamble. Von Hattingberg concluded that the fear inherent in the risk taken by gamblers is erotized; that this derives from a period in infancy when the pleasure in urethral-anal strivings was denied in a manner that engendered 'pleasure in fear', that is, masochism. In the following year Freud (10) described legal transgressors who are driven to perform reprehensible acts by an unconscious guilt and who seek relief by being punished, thus rationalizing their sense of guilt and relieving the hidden guilt by connecting it with a current reality (8).

Simmel's report to the Sixth Psychoanalytic Congress (19) was the next attempt to formulate the psychodynamics of this universal urge. His patient was prey to 'many active pregenital anal-sadistic impulses. . . . Gambling satisfied narcissistic bisexual impulses and provided autoerotic gratification' in which the playing was forepleasure, winning being equated with orgasm and losing with ejaculation, defecation, and castration.

Simmel believed that 'on the developmental path of mankind, games of chance are a reservoir for the anal-sadistic impulses held in a state of repression'. He thought that should a patient's gambling activities lead to criminality we must assume œdipal factors because he is then seeking the punishment of the avenging father or his representative in the person of the public prosecutor.

Freud's classic, *Dostoevsky and Parricide* (9), enlarged upon Simmel's observations. In this brilliant and beautifully written essay Freud develops 'an important amplification' of the œdipus complex. When bisexuality is strongly developed in the child, the tendency to identify with the mother to escape the threat of castration by the father is intensified. But to be loved by the father as a woman also requires that the boy be castrated. Freud continues: 'Of the two factors which repress hatred of the father, the first, the direct fear of punishment and castration, may be called the normal one; its pathogenic intensification seems to come only with the addition of the second factor, the fear of the feminine attitude. Thus a strong bisexual predisposition becomes one of the preconditions or re-enforcements of neurosis. . . . For every punishment is ultimately castration and, as such, a fulfilment of the old passive attitude toward the father. Even fate is, in the last resort, only a later father projection.'<sup>1</sup>

Freud shows that in his compulsive gambling Dostoevsky sought the punishment his burden of guilt repetitively demanded: ' . . . the chief thing was gambling for its own sake—*le jeu pour le jeu*. All the details of his impulsively irrational conduct show this and something more besides. He never rested until he had lost everything. For him gambling was another method of self-punishment. . . . When his sense of guilt was satisfied by the punishments he had inflicted on himself, the inhibitions on his work became less severe and he allowed himself to take a few steps along the way to success.' In the papers of

<sup>1</sup> Most of man's personifications of fate have nevertheless been females; Lady Luck—Clotho, Lachesis, and Atropos, the three fates—Nemesis, and the Furies or Erynies, fateful creatures.



Freud and Simmel, the foundation for all future theoretical discussion of the dynamics of gambling was laid.

René Laforgue (17) enlarged upon von Hattingberg's thesis in stating that for some people fear and orgasm are identical at an unconscious level. This may well be the origin of a French phrase, 'the little death', applied as descriptive of the orgasm. Laforgue stated that gamblers take satisfaction from pain, and postulates that fear and forepleasure, punishment and orgasm are equivalents. Ernest Jones (14), in a psychography of Paul Morphy, believed that his extraordinary talent for chess sprang from a sublimation of Morphy's œdipal aggression toward his father.

In 1935 Israeli (13) briefly noted the psychology of a depressed patient interested in planned gambling. It was his observation that the states of depression which are so frequently encountered among habitual and compulsive gamblers—and which, as a rule, precede indulgence in gambling—are relieved by the loss of all the addict's money.

Bergler (4), in 1936, presented his hypothesis that the compulsive gambler is forced by a deep-seated, infantile repetitive compulsion to re-create situations in which he feels unjustly treated. By losing at gambling this type of gambler confirms that his parents are deprivors and it is from this masochistic revelation that his deepest gratification derives. Two years later Menninger (18) introduced the concept of the demands of a severe superego which was satisfied by the punitively ruinous losses in gambling. In that same year Kris (16) referred to Freud's paper on Dostoevsky noting again the parallel between masturbation as play and gambling as play. Kris postulated that the sexual excitement inherent in gambling tapped inner tensions of an erotic nature in which the playful characteristic may be lost. Then, under orgiastic pressure, the ego is unable to control what it has initiated and reaches for the reassurance of winning, which changes the gambling process from a playful pastime to a matter of life and death. As previously noted, ruin at gambling, orgasm, and death appear to be equated at an un-

conscious level in some gamblers. In 1943 Bergler (2) resumed the development of his observations on gambling and in 1945 Fenichel (8) summarized most of the material published up to that time. Greenson (12), in 1947, proposed that the 'gambling neurosis', like many compulsive neuroses, was a defensive effort to avert an impending depression. In addition to promising the gratification of omnipotent fantasies, gambling offers possibilities for satisfaction of latent unconscious homosexual, anal-sadistic, and oral-receptive drives, and compliance with unconscious demands for punishment. He found that the disorder was severely regressive with a poor prognosis. In 1949 Bergler (1) reaffirmed much of his previous theoretical material and Eissler (7), in 1950, reported the case of a twenty-five-year-old impulsive gambler who engaged in extremely self-destructive gambling bouts, had severe impairment of his ability to work, and was unable to maintain adequate personal relationships. This patient had grave anxieties, hypochondriacal fears, and other compulsions.

The psychodynamics of gambling among the Mohave were reported by Devereux (6) in 1950. He observed that, as in other cultures, there are oral and masochistic components in Mohave gambling games. The Mohave, however, attach such a low value to possessions that the intensity of their interest in gambling never reaches the level found in European cultures. The degree of bisexuality observed by other writers on the subject of gambling is not found in the Mohave gambler and there appears to be open genitality in the climate surrounding their gambling. 'For the average Mohave', Devereux writes, 'gambling represents a relatively innocuous temporary return of repressed omnipotent fantasies (sure to win) and of oral and anal elements, rather than a neurosis or an addiction in the strictest sense of these terms'. Galdston (11), in 1951, felt that preconscious thinking lay at the bottom of the gambler's compulsion to lose. 'The neurotic gambler seldom, if ever, quits when he has made "a killing"; the neurotic gambler stays until he loses; and he seems to have a compulsion to lose.' Bergler's book (3),

published in 1957, is illustrated by many case histories and presents in footnotes much of the bibliography of this subject. It makes no significant additions to his previous observations.<sup>2</sup>

From this survey of the literature there emerges a consensus which tends to amplify one particular theoretical aspect of the addiction to gambling. It becomes clear that only minor alterations are necessary to fit all the hypotheses into the basic theoretical structure proposed by Freud. Most of the other comments are derivatives of this basic formulation which so often proves to be the case when we compare Freud's profound thinking with that of his followers.

A severe neurosis in a nineteen-year-old adolescent conformed to many of the observations in the literature. The patient was a student who had left college when he applied for treatment. He had received only passing grades in his freshman year but dropped out in the second year because he had done no work at all. He said that he became depressed when he returned to college in the fall and almost immediately resumed his compulsive visits to the race tracks. He had become increasingly involved in gambling on horse and dog racing over the past three years and had lost large sums of money. Having exhausted his bank account, he forged several checks on his father's account and stole various sums from his father's pockets. His father's influence and the fact that the forgery was a family affair averted prosecution.

He was the oldest of three children. His sister, seventeen, was a lovely and popular girl who seemed to have no problems. His brother, twelve, was aggressive, popular, and maintained a constant battle with the patient. His mother, forty, a charming, handsome woman, was the disciplinarian in the home. Violent scenes had taken place between the patient and his mother for several years. He seemed driven to contradict or rebel

<sup>2</sup> Cf. also Fred J. Cook (5) who gives vivid journalistic descriptions of the compulsive and addictive nature of gambling from the numbers racket to horse racing.

against anything she said. His father was highly successful in business, a self-sacrificing, public-spirited man who had little time for his family. He was overweight, had had a coronary attack, and was said by the patient to be living on borrowed time.

The patient's childhood medical history was uneventful. During his early years he so gorged himself on sweets that he grew embarrassingly fat, especially in the buttocks, and had fairly severe facial acne which cleared up during his eighteenth year. His gambling, confined almost entirely to racing, became seriously compulsive in his junior year in high school. A couple who worked for and lived with the family were avid followers of the races. He went with them occasionally to the races and was eventually spending much of his time at the tracks or poring over racing forms.

He became depressed frequently and found that whenever he did he had an irresistible urge to go to the race track. The depressions occurred without warning. They were not relieved by betting but changed to feelings of guilt after he had lost his money. He described the dominant thought and feeling when seized by the compulsion to gamble as the desire to 'make a killing'. He had fantasies of being the owner of racing stables and of being an outstanding horseman and jockey, winning every race he entered. He had overdrawn his account by twelve hundred dollars when he began to forge checks. This precipitated a crisis which revealed his disorder and led to his referral for psychiatric treatment.

The analysis began with a strong positive transference. With the patient on the couch, I sat across the room from him where he could see me by turning his head. Two reasons dictated this procedure: his patent anxiety on assuming a supine (passive) position and the need to establish, in the course of analyzing the transference, the essential difference between the analyst and the parents.<sup>3</sup> As the analysis progressed and the patient's anxiety

<sup>3</sup> It is the writer's clinical impression that each adolescent who enters analysis may require the use of different therapeutic parameters, depending upon the personality, the emotional age, and the nature of the conflicts which have caused the patient's psychic decompensation.



diminished, he turned less and less often to look at the analyst until, in the last hours, he rarely looked in my direction. Moderate anxiety appeared upon his assuming a recumbent position on the couch and his associations were to dislike of swimming in deep water where sharks might lurk. Speech was rapid, loud, and voluble; silences were rare. Denial was the prominent defense in the service of the ego. Regression to an oedipal level occurred, marked by a wealth of fantasies that his father, who traveled extensively, might be killed in a plane crash and that the patient would have to 'fill his shoes' and take care of his mother and the two younger siblings. He spoke freely about his gambling. On one occasion he lost three thousand dollars. A dream he reported at this time reveals another aspect of his oedipal situation with the corresponding transference implications.

I am playing golf with my father and he is beating me. I feel very resentful about his winning.

In this example he is seeking justification for his rivalry with his father and satisfying his masochistic need for punishment for the unconscious crimes he has perpetrated upon him. The florid aspect of his oedipal conflict was evident in both dreams and masturbatory fantasies concerned with having intercourse with voluptuous 'floosies' alternating with being a gangland leader—one, incidentally, who made various kinds of 'killings'.

In the second month of analysis he was seized with the impulse to go to the races. Though only tentative analysis of the transference had been essayed, calling attention to his unconscious hostility toward the father and the analyst, it seemed that a change had occurred in the quality of his impulse to gamble. He reported that as he yielded to the irresistible urge to drive to the track he could not deceive himself that he was going to make 'the killing'; also contrary to his usual custom, he did not gorge himself with food and drinks while watching the races.

He began attending summer school at a nearby university in an attempt to make up some of the courses he had failed the previous year. He found that he was unable to apply himself

and, after a week or two of eager enthusiasm about his teachers and the courses, he began to cut classes. His initial enthusiasm for teachers was invariably followed by a disaffection and the return of his negative attitudes toward his studies. This ambivalence deriving from his œdipal relationship to the father had the characteristics of a reaction-formation concealing, behind the outspoken admiration for and devotion to the father, a mine of unconscious death wishes. As increasing amounts of this unconscious hostility were expressed and insight gained through confrontation, interpretation, and analysis, his ability to concentrate improved and time formerly wasted in being obsessively neat and systematic in the preparation of written homework was put to constructive use. This compulsive behavior had served his ego in two ways: he was behaving like his mother—an inordinately tidy person—so diminishing the threat of punishment from father; also he was channeling some of his violent hostility for both parents into compulsive self-disciplinary rituals. Similarly, his ritualistic neatness in dressing and tidiness in his room no longer seemed necessary.

His parents' decision to take a trip to Europe stimulated a flood of associations to plane crashes and other accidents involving both the father and mother. He saw himself assuming control of his father's business, taking care of his sister (who resembled his mother and to whom he was excessively attached), and seeing that his brother had everything done for him. Immediately following their departure he became moderately depressed with a regression to his periodic bulimia. Finally he announced that he just did not care about anything any more, cut classes with increasing frequency, and went to the races.

His gambling was much more restrained. He limited his stakes to two dollars on a race. He then decided to renew his passport so that he could join his parents in Europe during the summer. All these reactions had a decided phobic coloring and the analysis of them revealed unmistakably that his depression was the effect of destructive, biting anger toward his parents, vented upon himself. Meanwhile neglect of his studies led to

failure in his courses at summer school. This raised practical questions about his draft status and plans for the fall. It was evident that return to college was not likely to be successful. He had occasion at this time to go swimming and announced that he had lost his fear of sharks attacking him in deep water.

The impulse to go to the race track recurred with the fantasy of making a 'killing'. That this was connected with the transference was proved by his decision not to tell the analyst about it. That evening, as he prepared to retire, he remembered an old fantasy he had had since the age of six. With the thought that there might be a rattlesnake in his bed he pulled back the covers very quickly and widely. He thought of a story of three students who had kept a cobra in a desk drawer, and of a python that was reported to have escaped into the underground steam pipes of the university where it still lived on rats.

This rich eruption of material deriving from the phallic level of his unconscious appeared to be denial by exaggeration in the service of warding off the fear of punishment by the analyst who had revealed his awareness of the patient's hostile feelings for him. He went again to the race track and stopped after winning twenty-three dollars, saying, 'This is enough to satisfy me'. Planning to drive to camp to visit his brother, to see if he needed anything, and report by telephone to his parents in Europe, he dreamed that his brother had boarded a camp bus and been fatally injured in an accident. Later he dreamed that his brother had been drowned at the seashore. Other dreams repeated the death theme involving both his brother and father. Accompanying one of these he dreamed that he was covered with boils, to which he associated his former acne and his excessive indulgence in eating. He recalled hearing his father leave the house in the morning followed by the doorbell ringing; he fantasied that his father had fallen with a heart attack and was dying on the front steps.

He quit summer school ostensibly to join his parents in Europe but partly it was to avoid the increasing anxiety that his emergent hostility was producing in the analysis. His tolerance

for his aggressive and hostile impulses had apparently increased to the point where he could be amused by the variety of death wishes he entertained against literally everyone with whom he came in contact. Some of it was sublimated in fantasies of omnipotence. During a hurricane he imagined himself to be a city official organizing rescue and salvage operations and a scientist causing the hurricane to change its course and head out to sea.

His father and the analyst were alternately or interchangeably the objects of his destructive fantasies. Concomitant self-punitive and homoerotic ideas appeared with equal frequency. An example is the notion of being stabbed in the chest at a point where he had had a fatty tumor removed four years before. Following a dream about a 'weird horse race' in which the odds were forty to one on a horse called 'Angry Andy' (the patient's first name), he had a fantasy of a large gash or hole in his right leg at the site where he had been bitten by a dog when he was six years old.<sup>4</sup>

It has been repeatedly observed by the author that in adolescence hero worship may represent a non-neurotic form of 'transference' in which the adolescent adopts models of his choice to emulate as part of the process of developing his own maturing personality. Transient identification or imitation in childhood and again in adolescence are introjective processes by means of which the personality is gradually formed and such imitation is essential to the definition of both superego and ego (15). Occasional blocking attended renewed conflicts between this patient's partial feminine identification and his striving to free himself from his mother in his struggle to attain effective genitality. This was often accompanied by acting out assertions of his masculinity. He engaged vigorously in sports without the compulsion to lose when he was ahead. High diving and swimming in deep water were indulged in without fear and he competed openly with his father in playing golf to the point where he occasionally bested the 'old man'.

<sup>4</sup> I have found that a limb with a hole in it frequently represents the bisexual organ in adolescent dreams and fantasies.



While on a business trip for his father's firm, he was able to argue himself out of a strong temptation to go to a race track. He was alone in a hotel room at night with his day's work done and time on his hands. Telling himself that there was 'no sense' in going, that he was trying to punish himself and defeat his plan to go back to college proved effective. He set himself instead to prepare a report of his work and returned home with a ten-page account, remarking that he had never before been able to write as quickly and easily.

He became interested in university extension courses and for the first time since he was a pupil in the sixth grade, he participated actively in the class discussions. There was a corresponding improvement in his ability to concentrate.

Thoughts of his father's having a heart attack became tiresome 'old stuff' bearing little affect. It was equally possible that other older men in the firm might have heart attacks or strokes. He compared the analyst to 'queers who molest boys', thought of leaving the analysis and so depriving him of a source of income; called him a sphinx whose facial expression told him nothing. He then called the analyst by his first name and kidded him about his silence.

A grade A given him for a class exercise made him jubilant. Convinced that he could resume work at college where he had left off, he thought of going to a college which had a big football team and other distractions, rather than to the college of high academic standards he had left. His surge of interest in studies and planning to return to college was followed by a relapse into depression.

His bisexuality became now more clearly evident. There were dreams and fantasies of being covered with and stung by insects; of walking on sand which concealed razor blades. Other fantasies were of mutilation involving his legs. When the bisexual trend predominated there was much compensatory masculine behavior outside the analysis as well as ideas and ambitions that were constructive realistic masculine strivings. Working through the passive feminine fixation required the

most extensive repetition and clarification. The unconscious identification with his mother diminished very slowly and intensification of the œdipal conflict at times produced outbreaks of anger that involved the entire family.

His conduct at home began nevertheless to change, especially toward his mother. Much more tolerant and accepting of her position, he strove to 'get around her' by adopting humorous or mollifying maneuvers to such a striking degree that it became a source of amusement to his parents. His interest in girls increased and he began to 'date' more frequently. His dreams and fantasies were of girls of his own age rather than the poorly disguised mother substitutes, voluptuous and aggressive, by whom he was passively seduced.

Another striking change was in his style of driving a car which in his excesses of speed, taking risks, and competitiveness had resembled his compulsion to gamble. It had also served as a defense against his passive feminine impulses, and overcompensatory, phallic, hostile assertiveness. He was accepted for entrance to advanced standing by several colleges. Once admitted to the university of his choice, which had a winning football team, he soon discovered his mistake. He found himself among students with different interests, attitudes, and backgrounds, and decided to return to the college he had left. It required considerably more courage to return to the scene of his failure, face the music, and succeed.

### SUMMARY

The analysis of a gambling compulsion in an adolescent is reported. It illustrates the various components described in the literature on the subject.

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# THE RE-EVOCATION OF ANXIETY BY ITS ABSENCE

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There are occasional references in the psychoanalytic literature to clinically anxious patients who develop severer exacerbation whenever the original anxiety subsides. No detailed account has been found that explains this phenomenon in dynamic terms. The references note only that for certain individuals anxiety is required as a continuing psychological defense and that absence of anxiety is felt as a threat (2). The analysis of a male who at times suffered from extreme anxiety clearly demonstrated this alternating sequence; it was possible to show that his symptom served a specific defensive function and was based on an identification with his mother.

The patient, twenty-four years old when he entered analysis, complained of intense anxiety. He was phobic of elevators, tunnels, and in social gatherings. He first experienced fear of insanity upon entering college at the age of sixteen. There was an intensification of symptoms following his engagement to marry, and on a trip to Europe he developed a phobia of traveling. On starting graduate training he became increasingly depressed and had obsessive fantasies of sexual promiscuity. Despite these symptoms he functioned ably in his profession and adequately in social relationships. Occasionally he would suddenly become aware that he was not anxious. He would then feel uncomfortably deserted or deprived, as if he had lost something essential to him.

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I need my anxiety or I get anxious. My anxiety protects me against an even worse anxiety. When I feel I am losing my anxiety, I have a feeling of being deserted. I feel cut off, alone, when I am without anxiety. . . . My primary fear then is of going insane . . . like my mother.

The awareness of freedom from anxiety at times followed some unusual success.

I felt good yesterday. I bested four of my colleagues. Suddenly I realized how deeply anxiety had been submerging me. I saw how I could really operate—what life could be like. But when the throes of battle were over, I felt let down. I felt strange, because I did not feel the way I feel normally—the emotions I normally have ever-present were not with me—that is, I was not conscious of my anxiety nor of my analysis. I did not immediately lapse into my usual state though. I felt strange. I was in betwixt. My usual mode of thought, anxiety, was canceled by my 'good state'—and now I was coming out of it.

The next day I was overwhelmed by a need to prove I was a failure. I felt very tired, wanted to fall asleep. I came here—felt I had lost something—that I had lost my analysis—that I had lost my mind . . . that I could not freely associate—that nothing would enter my mind—that I would go to sleep—that I would have no memories. . . . It means losing my personality . . . as though part of me is sedated . . . the part that is my memories. I felt that my analysis was exorcised.

The patient's parents were middle-European Jews. The father was a weak, passive, and resigned figure, submitting to the tyranny of his wife. The patient had a brother, eight years his junior. The relationship that was crucial in his development was with his mother who was immature, exhibitionistic, and narcissistic. She existed in a wholly dependent, symbiotic relationship with him. She had lived in awe of her father, had idealized him, and it was during a separation from him in her girlhood that she first had a psychosis. When the patient was three years old, his mother was hospitalized for another psychotic episode. She insisted that the patient be sent to live with

her in a convalescent home where they remained for almost a year. She continued wiping him after bowel movements until he was past four, walking him to school until seven, and keeping him in her bed until he was nine, excluding her husband. She was obsessively concerned with his health. At the age of three he had a tonsillectomy, his terror of the anesthesia persisting into adult life.

Other factors also contributed to the patient's intense castration and separation anxiety. His parents' marriage had been arranged through a matchmaker after the patient's mother had been jilted by a lover whom she idealized as she had her father. The patient witnessed the mother's continual humiliation of his father for a variety of fancied shortcomings. She made the son an unwilling confidante and, in the course of long walks, would make derogatory and contemptuous remarks about his father. She gave the boy the clear impression that he was preferred by her to his father. During angry outbursts with her husband, she would often run out of the house, saying that she was leaving to become a prostitute. The terrified child would run after her, begging her to come back.

One aspect of the patient's castration anxiety was a fear of success, exemplified by his relationship with his partner. After graduating from professional school, he chose a partner who he hoped would provide the firm with clients, while the patient would provide professional talent. However, the partner was unable to do the work or provide the clients he had promised. The patient grew professionally as his partner waned. The partner did less and less, retreated into illness, and refused to acknowledge the patient's superiority. He often attempted to pass off the patient's brilliant work as his own. The patient, in fact, was supporting a sick and helpless colleague. What had begun as a relationship designed to acquire a partner who would take care of him, became one which duplicated his relationship with his mother: he supported the partner who got a feeling of strength and power from this alliance. The practical consequence was a severe crippling of the patient's career.

His wife also at first had appeared to give promise of a strength on which he attempted to become dependent. Later in treatment, as he gained confidence and attempted to detach himself from her, like his mother she became increasingly dependent, demanding, hypochondriacal, and feared that when he was successful he would leave her.

A marked tendency to identify characterized the patient. Quick, transient, and clear-cut identifications with mother, wife, and analyst were frequent. In one analytic hour he was quite depressed although there was no discernible cause. It soon became evident that his wife had been dejected over the loss of a ring and that he had 'borrowed' her depression. He chiefly identified with his mother through their mutual pathological anxiety. Identification with her appeared also in a fear of sleep and fear of loss of control.

When I was four or five, I was afraid of falling asleep. I would sleep in a double bed with mother—I would fear falling asleep because I was afraid I would not wake up. I think of being enveloped by mother—by a spider. Mother was on my mind recently when I was afraid of falling asleep. She was administering the anesthesia. I cannot protect myself when I go to sleep and I may be completely lost. Sleep means to be close to mother. Mother is close to me. I think of her sadness. She was not able to sleep . . . walked around at night . . . was disturbed. Mother wants me inside of her body. Actually I do not have such an aversion to being there. I think of her being pregnant. She always wanted me to take care of her. She was not normal. She had to be fed—needed me. Mother is going to sleep . . . she might never get up. Mother not being able to control herself. . . . If I go to sleep, I may not be able to control myself.

The fantasy of being inside mother was directly connected with fears of being devoured by and fusing with her, of losing control, and of falling asleep. Lewin (8) has pointed out that the fear of falling asleep (one aspect of the oral triad) has the significance that the patient wishes the blank sleep of infancy

but fears the erotized, anxious sleep that means being devoured by mother, and dying.

A notable aspect of the patient's identification with his mother was related to prostitution which she had openly expressed as a wish and threatened to act out. He had the fantasy that if he walked in the street he would meet a man wearing a wig—a man masquerading as a prostitute. (The mother is bald and wears a wig.) The patient periodically had casual extramarital, guilt-ridden experiences in which he embraced and fondled the women, occasionally submitting to fellatio. Identification with the castrated prostitute-mother was related to an early traumatic viewing of her genital.

The patient's mother was an intensely anxious woman whose fear of castration led to an appropriation of this son as her penis. The symbiotic relationship with the patient was illustrated by her requirement for him to be with her at the time of her mental hospitalization, when he was three, and also by her hypochondriacal concern about him.

Mother accused me of being bad—of causing her psychosis. . . .  
The cure for my mother is to give me back to her. She lost me.  
When I was born, a piece of her came out and that is what made her sick.

Her attempt to acquire him as a phallus was expressed also in telling him that she wanted him to be a girl because boys leave their mothers. This intensified the patient's fear of losing his mother. The feeling of oneness with her was strong.

She wanted me with her—so I was sent with her while she convalesced at this place. I hardly knew her—it was one of my first contacts with her in a long time. I was so lonely for her that I would have agreed with her that black was white. . . . My mother was a vampire, she drained my feelings . . . she cannot exist without me. I breathe life into her.

He developed the feeling that he was necessary to his mother's mental stability. Fantasy material in the analysis sub-



stagnated this. He believed that women thrived on sex, that they 'suck a man dry', and that prostitutes get very strong from intercourse. In these fantasies, as in the 'wig' fantasy, he showed his unconscious wish to give the phallus back to mother, by which he strove to insure himself against castration anxiety. The prostitute mother served both his mother's and his own fantasy of acquiring a penis.

## DISCUSSION

Freud (3) called identification 'the earliest expression of an emotional tie with another person'. It implies some loss of the distinction between ego and object. The nature of the identification depends on the nature of the object relationships. In borderline cases, where sadomasochistic features are prominent, the capacity for object relations is impaired and there is a fixation to early identifications. In these cases identification preserves threatened object relations or, indeed, may be a substitute for them. That identifications can occur through affects was described by Freud (3) in the well-known example of 'mental infection' in a girls' boarding school. He noted that identifications can ensue on 'openness to a similar emotion'.

Identification through the affect of anxiety maintained an object relationship that my patient could not give up. As long as he was anxious he maintained his tie to mother. Identification replaced object relationship. The narcissistic, unrealistic, impulsive mother did nothing to assist the patient toward his development as an independent person. It is noteworthy that the mother's second psychosis came when the patient was a toddler—i.e., when he was walking away from her. One is reminded of the *post partum* psychosis with manic-depressive features that, as Lewin (8) has pointed out, represents the patient's reaction to the loss of the child-phallus.

The usual identification with the parent of the same sex, i.e., the more frustrating parent, which is the hallmark of the development of the superego at the resolution of the *œdipus* com-

plex, was denied this patient. Instead there was a reversal—identification with the mother, strongly imprinted in the patient's psyche from the overly seductive and overly frustrating experiences in the oral stage, and continuing in the phallic phase. The absence of the father as a figure of consequence abetted this process.

Jacobson has noted the extent to which a child is aided and encouraged in establishing realistic ego identifications by a realistic and loving mother. He is thereby protected against magical and primitive preœdipal identifications. The mother's narcissistic overinvestment in her child induces regressive experiences of reunion between self and love object leading to magic, primitive identifications (5). Mahler's studies of the symbiotic schizophrenic child confirm this observation (9, 10). This patient's early tie to mother influenced his subsequent œdipal relationships. His attempt to solve his castration anxiety, brought on by viewing mother's genital, developed as the fantasy of being mother's phallus. The attempts to fulfil œdipal wishes and restore mother's phallus were expressed in the wish to re-enter mother. This in turn reactivated the wish to fuse regressively with her and led to typical conflicts against being devoured.

Lewin, in several classic papers (6, 7, 8), has written penetratingly on this subject. In *The Body as Phallus* he discusses the fantasy seen in certain patients: 'if I leave you, it will be like removing your penis'. He states, 'The fantasy of one's whole body being a penis is symbolically a passive feminine fantasy, the equivalent of the phallic level fantasy of castration. The fantasy of "returning to the mother", or of going into the mother with the whole body, is a distortion of the idea of being eaten up. . . . The specific anxiety connected with the idea of one's entire body being a penis is a fear of being eaten.' In discussing the evidence for the thesis that the equation of one's body with a penis represents a wish to be devoured, he points out that the 'returning to mother' fantasy 'erroneously referred to as "intrauterine regression" . . . is a genitally colored regres-

sive variant of the Chronos myth; in place of an active penetration of the woman, the individual is swallowed *in toto*.

Greenson (4) has noted that in these patients there is a struggle against identification.<sup>1</sup> This is not true of the case here presented. Though he feared that he would be devoured by the completeness of the identification with his mother, the patient feared even more separation and castration for himself and mother if he failed to sustain it.

Arlow (1) has noted that to describe such symptoms as representing part of a struggle against identification, or as an outgrowth of the struggle between opposing identifications, lacks precision and clarity. He states that an identification per se does not pose any danger to the ego unless it is effected in pursuit of some forbidden impulse: '... the danger arises not from the identification, but from the drive gratification which such identification signifies'.

The phenomenon in states of chronic anxiety of becoming more anxious when there is a lapse of anxiety is therefore not similar to that seen characteristically in the phobias. A patient will cross the street without anxiety, for example, and will suddenly become anxious upon realizing this. Here the phobic has externalized and pinpointed his anxiety. Having failed to do this momentarily, he is compelled to bring himself up short and resume his defenses.

<sup>1</sup> Greenson attributes this to a variety of factors. These patients 'sensed the archaic instinctual drives involved in their primitive identifications. They were terrified of identifying ... as though they dreaded being devoured by this parent ... as though they had intuitively felt the oral sadistic nature of their early introjection.' He believes 'there is a hierarchy of introjections' and that a regression in terms of objects takes place. 'These patients were predisposed to this regression by a history of excessive deprivation, frustration, and satisfaction in early childhood, and violent parental discord. When disappointments in their later life caused them to abandon external objects, they regressed ... to a level where the ego is unable to maintain a separation between the introject and the self. ... As a result of the fragmentation or defusion of the internalized object and of the self-representation, the ego has to combat the early identifications because this primitive kind of identification brings with it the feeling that the patient is being devoured or is losing his identity. ...'

It was necessary for my patient to feel anxiety because it reassured him that his identification with mother remained effective—mother had not died, disappeared, nor been castrated. However, identification with mother through the affect of anxiety (fusing with her) threatened him with a new anxiety (being devoured).

Paradoxically, though a symptom usually serves to ward off anxiety, this patient, precisely because of his identification with mother through the affect of anxiety and his defense against the danger of castration and separation, experienced the re-evocation of it.

### SUMMARY

A patient complained of becoming increasingly anxious whenever he tended to become free of anxiety. Analysis revealed that anxiety gave him a feeling of closeness to his mother. This identification, by way of the affect of anxiety, which he shared with his mother, protected him against the danger of object loss and the unconscious fear of having castrated his mother by deserting her. Concomitantly, the identification regressively reactivated early wishes for a symbiosis which, in turn, aroused a secondary fear of being devoured by her. The means by which he sought to ward off the danger of object loss brought in its wake another, equally threatening, danger.

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# FIRST DREAMS DIRECTLY REPRESENTING THE ANALYST

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It is an analytic truism that the first dream reported in analysis is uniquely revealing and important. Gitelson (2), Rappaport (8), and Savitt (9) have discussed the special meaning of first dreams in which the analyst is directly represented in an undisguised manner. Papers by Harris (5) and Feldman (1) deal with dreams about the analyst, but they report only one first dream. This dearth of papers on the subject is surprising in view of the importance of transference in analytic work.

The cases reported in the literature whose first dreams directly represent the analyst are classified as schizoid personalities and 'borderline' cases, or some, as suffering from profound pregenital difficulties associated with gross ego defects and disturbances in object relations. One common characteristic was the tendency to develop rapidly an intensely erotized transference. The authors state that the undisguised representation of the analyst indicated an inability or refusal to differentiate the analyst and important childhood figures, and heralded an early and persistent demand for actual gratification of transference wishes; the patients were said to resemble those described by Nunberg (7) who were unable to treat the analytic relationship as an 'as if' situation. Nunberg states that these patients do not react to the analyst *as if* he were the parent but instead treat him *as* the parent and accordingly demand gratifications they received or wished for as children. Interpretation of the basis for their demands tends to bring about little or no change, and their curiously ego-syntonic demands persist. The

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authors agree that these patients are difficult to manage, their analyses stormy and characterized by much acting out. Some analyses are broken off early, and only a few reach appreciably successful conclusions; in short, prognosis in such cases proves to be generally poor. They emphasize that at times the transference relation to the analyst becomes too 'real' because of a contribution to the situation by the analyst himself from his countertransference or from his actual physical resemblance to a parent.

Of these cases only two are described in any detail; the others are described briefly, sometimes in just a few words. Except in the two detailed cases the authors merely offer impressions and broad generalizations based upon little clinical evidence. In this paper the literature is re-examined and re-evaluated from the vantage point of the case material presented.

The patient to be considered here had a sister and brother who were two and four years her junior, respectively. She was twenty-six-years old when she came for analysis because of growing concern over not being married. She told me she had become involved repeatedly with men unsuitable because of differences in socioeconomic class, nationality, or religion. She also complained of free-floating anxiety, of shyness in social and professional groups, and of occasional depression. Moreover, the patient considered herself naïve about sex, could not recall ever masturbating, and had never experienced orgasm in intercourse.

Before seeing me she had gone twice to a consultant. Prior to her first visit to him, she said she felt 'as if I were going to meet a lover instead of going to see a doctor for consultation'. By the time of the second interview her already intense transference reaction had blossomed and, at the end of the interview, she had the conscious fantasy that he would take her for a walk in the park, return with her to his apartment, and then, quickly, they would have intercourse. These erotic fantasies were not reported to the consultant.

This precocious, highly erotized transference resembles that of patients cited in the literature. Since the literature stresses countertransference problems in such cases, I questioned the consultant about it. He believed that countertransference was not a major factor and that her reactions stemmed basically from within. Both her relation to me and the course of her analysis confirm this.

The patient was given my name and that of another analyst and saw both of us. For various reasons she rejected the other analyst. Her choice of me was unconsciously influenced by her belief that my socioeconomic status rendered me 'unsuitable' and the fact that I was young. A young analyst whom she could consider a degraded object was of vital importance to her as a defense against identifying the analyst with her successful, prominent father. Her preoccupation with the social status of her analyst and her consultant had special importance as will be seen.

In the first interview, she was told that I had time available and could make arrangements for beginning analysis. That evening she had two dreams which she reported the next day. In the first dream she was in the countryside with two men: one, middle-aged and the other, myself. (In this paper we shall often return to this dream which, for convenience, will be designated the 'First Dream'.) We both spoke with a German accent but I was represented physically without any modification. Behind a screen she could see the silhouettes of two young, grown boys who were my sons. She felt very happy. In the second dream of the pair she was in an office in a municipal hospital. The office was dark and dreary and had a depressing air about it. I was seated behind a desk. After looking into a huge appointment book, I told the patient that I did not have time to see her. At this she became furious. In this dream also I was represented without any modification but spoke in my normal voice without an accent.

After reporting the dreams, she spontaneously explained their origin. In a matter-of-fact way she said she felt that the



'First Dream' was stimulated by her having seen a few doctors about starting analysis. Although all the doctors were American born, she thought the German accents in the dream were probably due to her tendency to think of analysts as Europeans and to the fact that her initial consultant had a German-sounding name. She recalled having seen in the consultant's office a photograph of Freud when he was middle-aged, taken in the company of a young analyst, and felt that this too contributed to the dream. The second dream of the pair, she thought, owed itself to two factors: she had once worked in the same municipal hospital depicted in the dream and had thought the actual physical setting a dreary, depressing one, as it was in the dream. She also found dreary the apartment house in which my office was located and considered my office furnishings and lighting to be rather dark too. Here interest in the dream was abruptly dropped and she went on to discuss other matters.

It seemed at the time that her reporting the dreams, her interest in them, and her attempt to understand them augured well for the analysis. Later experience with the patient indicated, however, that she was not attempting to explain these dreams but, rather, to explain them away. She had seized upon a few associations about innocuous realistic matters and had used them, in effect, to dismiss the dreams. She was thus able to deny that they had any unconscious or symbolic meaning. We shall understand these dreams better as we analyze subsequent modifications of them and related vicissitudes of the transference.

Everyone is terrified of his unconscious drives and fantasies but this patient's dread of her unconscious was inordinate. She accordingly reacted to beginning her analysis with great anxiety and much acting out, culminating in her deciding to terminate analysis because it created overwhelming tension. However, reassurance and interpretation of some of her fears enabled her to continue treatment.

At first she came regularly but chattered endlessly about social activities, her work, and many trivia. She was skimming

the surface because of her dread of being overwhelmed by intense affects and fantasies which were reflected in part by dreams of passively being subjected to violence and threats of physical injury related to castration. During this period she would hurriedly go to and from the couch, try not to look at me, and avoid me in a phobic way. On the couch, however, she frequently turned abruptly to look at me. Although this behavior had many unconscious libidinal and aggressive motivations, its most compelling reason was to see what I really looked like. She was struggling against her intense inclination to distort her actual image of me in accordance with emerging transference fantasies. Whenever doubts about my physical appearance occurred, she would turn around on the couch to test reality by looking at me. Once she wished to turn and stare at me for several minutes in order to fix in her mind my exact image. She said that if she did not do this her imagination might take over and she would distort greatly her image of me—something she desperately wanted to avoid.

During this early phase, the patient was preoccupied with florid romantic fantasies about her initial consultant whereas I was unceasingly criticized and depreciated. My attire, my speech, and my office furnishings all received their share of scorn. Frequently she commented on how 'amusing' I was—even the way I greeted her or bade her good-bye was 'amusing'. In fact, she declared that lying on the couch and the whole business of analysis was 'silly and amusing'. Patients who succeeded her envied the smile of amusement with which she passed through the waiting room. This behavior seemed to result from her basically phobic attitude toward me. The depreciations and mockery were intended to create distance and to reduce me to a nonentity not fearsome to her. Her true feelings, however, were reflected occasionally in an outburst of thoughts about my 'staggering' powers of concentration or my 'enormous' intellect, revealing that she considered me a powerful and frightening person. Although she denied emotional interest in me, she admitted to thinking about me a great deal.

She wanted to know about my education, marital status, social background, and interests. Her questions were motivated by the same forces that led her to turn around on the couch and fix her mental image of me; her intense need was to know as much as possible about my actual identity and to use this knowledge to reduce my frightening ambiguity, thus avoiding investing me with symbolic importance.

At this point, after a transference allusion to a former lover who had created intense sexual excitement in her, she had three dreams about me in one evening. The first was indirectly typically depreciating of me. In the next two dreams the defenses broke down and her admiration for me was given open expression. I was directly represented in 'realistic' professional settings. In the second dream she was in my office, happily advising me on certain matters, but the dream ended with her finding cause to be angry with me. In the third dream she was attending my professional lecture and was aware of feeling deep admiration for me. These dreams occurred when she was profoundly threatened by the danger of unmanageable transference feelings. Although disguised, I was made a contemptible figure in the first dream. The id drives demanded more expression with each dream but could be given expression only by casting our relationship into a realistic one. In the second dream she also used the protection of reversal of roles by helping me with her knowledge, but she still had to close the dream by finding a basis for being angry and withdrawing. In the third dream she openly admired me but only as an auditor at a lecture—a setting recognized by the patient as realistic and impersonal. Of note is her viewing me in an exhibitionistic situation.

As her fears and defenses were gradually interpreted she felt less overwhelmed and more overt sexual ideas began to emerge. A thinly veiled œdipal dream terrified her and she refused to work with it. Her hostile defense against transference feelings was again mobilized as was the need to turn and look at me in order to re-establish her impressions of how I actually looked.

In this emotional state she presented another pair of dreams. In the first she met me in the street while on the way to my office and I said 'hello' to her, as had actually occurred on one occasion. The second of the pair depicted my office and patients in a bizarre, mocking manner. Faced with drives that threatened her ego, she again represented our relationship as casual and socially realistic and me as impotent, foolish, castrated, and therefore safe.

A week later this defensive pattern reappeared. Her father had taken her to lunch and had been kind to her. To this she reacted as to a seduction, for so intensely did she fear closeness to her father that she could not let him touch her. She was his favorite child on whom he doted to the point of cruelly ignoring the other children. The sexual yearnings stirred up by her father's interest overwhelmed her and resulted in acting out in life and in the analytic situation, and in another dream of me.

This first of a tripartite dream differed from others about me in that its setting was a shabby, dirty house, the floor covered with mud. Many people were about. She had come for a treatment session and anxiously inquired whether we should be alone. She noted how kind I was as I reassured her that we would be alone. In the second part of the dream a policeman told her that she had done nothing wrong. In the third, she insisted to a girl friend that the friend was wrong to think that some mutual male friend was listed in the social register. In association, she talked of her admiration for me and the beginning of an emotionally personal interest. Her father's kindness and an impending trip he was making with her mother were the other central associations.

In the first dream she attempted to show her relation to me as professional, but the defense failed, and symbols with direct associative threads to the father emerged: I was kind to her as father was; I reassured her that other people would not be allowed to intrude into the relationship as mother was about to do with father. Her guilt was reflected in the second dream



and in the third one she again defensively attempted to dissociate me from her socially prominent father. These transitional dreams, concomitant with the beginnings of conscious transference, heralded an important change in the analysis, now of four months' duration. Instead of typical attacks there appeared seductive attempts to tease and provoke me. As her coquetry mounted and she became irked with what she called my passivity—unconsciously meaning sexual inaction—her dreams changed further. I now appeared only in disguise. At the same time, she expressed wishes for gratification in the analysis like that she experienced at home. The emergence into consciousness of clear and sharp transference feelings made it necessary for the patient to disguise me in her dreams, in which infantile wishes were given even more sway. Although she dreamed often during the remainder of the analytic year, I never again appeared in the dreams without disguise. As her conscious transference fantasies became more direct, bolder, and more preoccupying, she became aware of a sharp diminution in her former daydreams about her consultant who, in fact, now began to appear in her dreams of situations, such as cocktail parties, as a symbolic representation of me. Since I had become a true transference object, the incest taboo prohibited dreaming of me directly.

Eight months after the beginning of analysis she presented, for the first time, what appeared to be a modified version of the 'First Dream'. In the original dream there were a middle-aged man and myself and two grown boys behind a screen. In the new version, the patient was reading a book and became embarrassed upon seeing photographs of her uncle completely nude. She then found herself in the presence of an unrecognized psychiatrist to whom she directed questions concerning premarital sexual activities which he refused to answer. At that point she was informed that an unmarried relative had become pregnant without having had intercourse and was carrying twins. For the middle-aged man, me, and two grown boys behind a screen of the 'First Dream', she had substituted

her uncle, an unrecognized psychiatrist, and a virgin carrying twins. The new dream, a more richly symbolic and less disguised form of the earlier one, could be analyzed more fully than her previous dreams. The nude uncle reminded her for the first time of screen memories of often seeing her father nude when she was age three and four. The doctor's refusal of sexual information brought memories of father's refusal to discuss sex with her as a child. He had walked about nude and shaved in her presence. This screen memory and other material pointed up the repetitive exposure to her father's penis and possibly to seeing it in the erect state. She did not then remember noticing her father's penis but vividly recalled how much taller he always seemed than when dressed. These experiences roused her to awe, fascination, and denial of existence of her father's penis. The reworking of the 'First Dream' and the analytic accessibility of the reworked dream are reminiscent of the modification that occurs in a screen memory when its defensive aspects are undergoing dissolution during an analysis.

In the tenth month she recalled, in her associations, the 'First Dream'. She felt certain that I had forgotten the dream after so many months and so described it in detail. Her memory of it was distorted. She said: 'I'm in the country, and there are a lot of people about. There's an old man with a long, gray beard. His grown son is behind a screen and I can see his silhouetted body moving. This old man tells me to lie down and he will remove the tick embedded in my skin.' Of special note in this memory is the condensation and replacement of the middle-aged man and me of the original dream by a bearded figure symbolic of the penis. The 'First Dream' had, in effect, been dismissed by the patient. She now attempted to analyze her grossly falsified but more symbolic recollection of it. Her associations consisted of a rich intertwining of thoughts of her family genealogy, her father's preference for her, and her thinly disguised fantasies of marriage to me.

In the case thus far presented, one can see two striking

trends: defensive flight into reality and preoccupation with the penis. The flight into reality as a defense is seen in her dreams of the analyst, in her behavior on the couch, and in her life. In the 'First Dream' the patient pictured me with a middle-aged man in an attempt to deny the transference by separating her analyst and her father. However, ego control and superego pressures were not sufficient to prevent some equating of the two, so both analyst and father speak with accents. Much real symbolism and its positive affect is evident in the dream because the dream defenses are weak. Although the dream was interrupted, id drives were in motion and she dreamed again—this time of being in an office with me and being told that I could not see her which made her furious. Threatened ego and alerted superego seemed to demand that the dream be recast into more realistic terms and be experienced emotionally in a negative way in order better to deny the incestuous undertones. Similarly, on the couch she had to look at me in order to re-enforce her true image of me and so stem the distortions effected by emerging fantasies. All this was combined with a need to know me as I 'really' am and endless talk on the couch about trivial day-to-day matters.

As these multiple uses of reality as defense broke down, dreams and fantasies emerged. One recurrent central feature of them was awe, fascination, and terror of her father's penis. In her first dream of being in my office the only unrealistic detail was the symbolic representation of my penis by the huge appointment book. In that dream she was angry because I denied her the opportunity to see me—that is, to see my penis. This is a reversal and denial of the fact that I had agreed to see her in analysis and of the dream detail of my having my appointment book in full view of her, as father, in the past, had freely exhibited his penis to her. Others of her dreams showed the importance of her fantasies and anxieties about the penis,—her dreams, for example, of seeing me lecture, the re-worked version of the 'First Dream' when she saw her uncle nude, and her falsified conscious recall of the 'First Dream'

about the old man with the long beard. It became evident too that her fantasies about my 'enormous' intellect, her wish to stare at my face, to know what I was 'really' like, had to do with her wish to look at my penis and to know what it was really like.

Transference fantasies of marriage appeared in the second year of her analysis. These were motivated by the wish to identify herself narcissistically with me. I was to serve merely as an appendage to her and become, in effect, her penis. Dreams and fantasies began to indicate powerful wishes to castrate her father and secure his penis. The analysis became stormy with transient breakdowns of the hard-won therapeutic liaison and much acting out. It was at just such times that dreams of the analyst recurred. The dynamics of these dreams followed the same essential patterns as those of earlier ones. However, they became more symbolic and overtly sexual and regularly included members of the family. In one of them, even my face was changed.

Fantasies, dreams, and memories of childhood and adolescence began to make clear how great was the narcissistic injury of being without a penis. Her whole body seemed to her defective, a hurt re-enforced by the fact that her sister, two years her junior, had been physically precocious and as big as the patient at age four. In fact, her sister was often supposed to be her twin. To add insult to injury, she was constantly praised for her beauty, making the patient feel like a malformed, ugly dwarf. Naturally enough, she blamed and hated her mother for her condition.

Her mother had been cold and distant and had relegated much care of the patient to others. Separation anxiety was accordingly great, arising from pathological differentiation of self and mother, and development of her body ego suffered. Hurt, rage, and disappointment in her mother forced her to turn to father who was solicitous, tender, and the possessor of an awesome and magical penis which she hoped to obtain. The wishes he had frustrated were directed toward the analyst



with the same desperation. These wishes also mobilized the great castration anxiety that afflicted her on so many levels and was one with primitive separation anxiety. This forced the patient to resort defensively to regressive fantasies and behavior indicative of the prephallic drives behind her relationship to her father. The central theme of these regressive fantasies was the wish to establish a perfect state of fusion with mother.

The fantasy of fusion was gratifying and also served as defense against mobilization of her rage, dangers of retaliation based on projection of her aggression, and anxieties ranging from castration to ego dissolution. One saw these considerations in her sexual activities. In intercourse she wanted to get so physically close to her lover that there would not even exist any air space between them. Although orgasmically frigid, she enjoyed intercourse but when it ended became depressed and hostile. During it she gratified both the fantasy of fusion and the fantasy of intactness of body produced by the penis in her vagina. Termination of intercourse punctured both fantasies, resulting in depression and rage. Her daydreams of sexual intercourse were of a literal melting into her lover's body with no thought or imagery about the penis or vagina. These fantasies were all brought into the transference.

Greenacre (4) describes the girl's shock at sight of the penis, causing her to see the male as godlike and to seek out masochistic humiliation by men or attempt to inflict humiliation on them. Her patients experienced visual hypersensitivity, headaches, and, what is especially pertinent to us, difficulties in discriminating between the real and the unreal. In my patient all these traits could be seen. Defects in superego formation evidenced by Greenacre's patients were also similar to those in my patient.

In another paper on screen memories Greenacre (3) discussed the use of reality to hide reality, a technique my patient used in her struggle to deny the reality of the penis. Freud pointed

out that the exclamation of patients, 'the dream seemed so real!', indicates that its latent content deals with the memory of a real event of childhood. My case suggests that another way of representing a childhood event in a dream is to portray a present-day reality. The patient used analyst and analytic situation in her dreams like a screen memory. She often described her dreams as 'so ordinary and right out of everyday life' and rejected them as 'meaningless'. To treat a dream so serves denial when, as infantile memories become more pressing, one would expect the defense to require that the manifest content become ever more permeated with current reality. For example, this happened in the 'First Dream', in which I was represented, but too much infantile material was entering it so it had to be terminated and replaced by a highly 'realistic' one. So tenuous were the patient's ego defenses that, as occurs in the formation of day residues, there developed in both her dream life and everyday life a flight into reality in order to ward off unconscious memories by displacement to trivia. Similarly, on the couch she defended herself against acknowledging the reality of my penis by a fetishistic concern with various objects in the office and other 'externals' of my life and my 'real' identity.

Normally the little girl displaces qualities she ascribes to the penis not only to the actual person of her father but also to other persons, and finally to symbols. To effect displacement to symbols, the ego of the child must be able to establish distance by repression, displacement, and replacing the concrete with the abstract. My patient's attempts to deny the reality of the penis clearly interfered with this process, and this difficulty was reflected in her literal and concrete approach to things. She complained of being excessively materialistic and of being unable to get truly involved in intellectual and abstract matters as others did. In her dreams of the analyst and in her attempts to analyze them, she clung in a concrete manner to perceptions (day residues). She resisted with equal intensity understanding a symbolic element in a dream and seeing the analyst as a symbolic figure.

Keiser (6) describes similar difficulties encountered in male patients who have been unduly exposed to traumatic and persistent visualization of the genitals of exhibitionistic mothers. His paper stresses the difficulty with which these men internalize the mother and the resultant maldevelopment of the ego function of abstract thinking.

Other writers on the subject of first dreams emphasize that they imply the wish for id gratification and the inability or refusal of the patients to differentiate the analyst and important childhood figures. Rappaport (8) and Savitt (9) describe in some detail two men with archaic defects of body ego, severe difficulties in sexual identification, and powerful awe and envy of the fathers' penises. Their initial dreams and behavior in analysis showed that they attempted, as did my patient, to make a mockery of the analysis and the analyst and to resist investing the analyst with symbolic import. In Rappaport's case, he appeared in the first of two dreams. Although portrayed mockingly, he was visualized in an exhibitionistic situation. In the second dream a stranger appeared who was transformed suddenly into the patient's father. Upon the undisguised appearance of the father, the patient awakened. The anxiety caused by the direct appearance of the father would seem to contradict Rappaport's statement that the patient insisted on equating father and analyst. In Savitt's case, the patient dreamed of homosexually seducing the analyst in his office and, in doing so, of scoring another homosexual 'conquest' such as he had achieved many times in real life. He insisted he would treat the analyst as he would any 'ordinary' man—in short, that he would defend himself against emotionally treating the analyst as a special or symbolic figure. I believe such material essentially reflects ego defense. Both authors immediately interpreted to their patients the resistance to analysis implied in their dreams, but did so in the context of id resistance.

Because the other pertinent analyses cited in the literature were so unfruitful or so quickly terminated, or because the subject of first dreams involving the analyst was only part of a

broader subject dealt with by the authors, the conclusions drawn seem impressionistic. For example, in one instance the dream about the analyst is not described. The dreams reported usually involved realistic settings punctuated by direct or symbolic representations of the analyst's penis or by symbolic intrusions of themes of exhibitionism, voyeurism, and castration. It is of interest that, where the history is known, there was often repetitive visual exposure to, or physical contact with, the penises of adults, including the father's. Greenacre (3) describes a first dream in which she was directly represented. Although Greenacre paid no attention to the unusual form of the dream, she emphasized that her patient insisted that she had never seen a penis until her adulthood. Analysis of the dream subsequently brought up a direct reference to a childhood observation of a cousin masturbating. Greenacre stressed the shocking and traumatizing effect of such a visual exposure and further stated that her patient—like mine—used external reality and ego gratifications as her main defense against instinctual conflicts.

### SUMMARY

A case is described in which the first dream reported in analysis contained an undisguised representation of the analyst. Subsequent modifications of this dream, with associated transference vicissitudes and other analytic data, contributed to the elucidation of the first dream. The undisguised representation of the analyst was an attempt to treat him as a 'real' person and thus avoid investing him with symbolic importance; in effect, a resistance to transference formation. A primary defense in the patient's dreams, on the couch, and in her life was a flight into reality. Later, as evidence appeared that the analyst had become a true transference object, he disappeared from dreams and was replaced by disguised symbolic figures. The flight into reality was traced to denial of the reality of her father's penis. This was associated with a fetishistic displacement to concern with the 'externals' of life, the analyst's office, and his actual social



identity. Concern with present-day realities served to screen childhood events involving her father's exhibitionism.

The previous literature dealing with this subject considers such dreams to reflect id resistances and the inability or refusal of the patients to differentiate the analyst and important childhood figures, but offers little clinical support for such suppositions. Most of the cases cited met with extremely limited analytic results, and the data are sketchy. Re-examination of this literature suggests that the cases presented offer support for the present thesis. In light of these findings, detailed re-examination of this subject seems necessary.

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# SNORING: UNAVOIDABLE NUISANCE OR PSYCHOLOGICAL SYMPTOM

BY KENNETH Z. ALTSHULER, M.D. (NEW YORK)

One person in eight snores during a good part of each night. This disorder produces a variety of buzzes, snorts, grunts, or gurgles that range in volume from the tones of normal conversation (forty decibels) almost to the noise level of a pneumatic drill (seventy decibels and up) (4). The sounds are generated for the most part by the vibrations of soft structures in the nose and throat that accompany mouth breathing during sleep. Occasionally some form of nasal blockage (polyps, a deviated septum) is found to be the root of the disorder. More commonly however medical examination is negative and such general factors as fatigue, heavy smoking, obesity, and ill health are invoked as contributing causes (5). The fact that more than three hundred snore-curtailling devices are patented in the United States alone attests to the size of the problem, as well as to the lack of specific treatment.

Strangely, the snorer himself is rarely distressed by the havoc he causes. Rather it is the victimized spouse, the 'sleepy, disgruntled person with the bloodshot eyes', who leads a sheepish patient into the doctor's office (6).

Perhaps it is this combination of the general prevalence of the symptom, the indifference of the offending person, and the tendency to treat it as a topic for comedy that has caused psychiatrists and analysts to pay little attention to snoring as a disorder. In a literature rich in studies of somnambulism, bruxism, enuresis, and night terrors, to say nothing of the great volume of writing on the subject of dreams, not a single reference to snoring is found as other than a 'benign concomitant of sleep'.

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A moment's consideration of the snore makes this omission more striking. That during sleep we waken in response to internal needs as well as to external auditory stimuli has been well documented since at least 1830 (3). Recent evidence suggests that selective awareness during sleep is such that an individual can discriminate and respond to a predetermined stimulus, especially one that is emotionally meaningful, while ignoring others that are similar. These stimuli may be incorporated into dreams whether or not they interrupt sleep. Based on such data, a number of workers conclude that during sleep there is a steady scrutiny of sensory signals which, according to the significance of their content to the dreamer, leads to arousal from or allows continuance of sleep (1, 2, 7, 8). If this is so, why is there so little reaction to exceedingly loud noises that are self-produced? At the very least it would appear that a maintenance of no response—an apparently sustained attitude in sleep that such sounds are nonexistent or unimportant—would be required. One instance in which this seemed to be the case, and where the symptom was interwoven with the patient's psychodynamics, is here presented.<sup>1</sup>

The patient was a thirty-two-year-old professor of English who had quickly established himself as being notably talented and destined to succeed. His boyish charm, coupled with a prodigious amount of bounding and emotively styled work, had assured him the liking and respect of his colleagues. His presenting symptoms were acute attacks of anxiety with a globus hystericus that interfered with his speech when he was teaching his predominantly female classes. The symptoms had been present in some degree from the beginning of his teaching career and had grown in intensity with the increasing solidity of his position and the added responsibilities given him in his field. Family responsibilities had also grown apace, and he entered treatment shortly after the birth of his second child.

<sup>1</sup> Grateful acknowledgment is made to Dr. B. Ruth Easser for the psychoanalytic supervision of this case and for helpful comments on the manuscript.

Born in Austria, he was the youngest child and only son of Jewish parents. His father was described as an exuberant lover of life and family, a busy and competent physician, and connoisseur of wine and music. His mother was more distant and depressed. A sweet, sad tenderness intermingled with austerity and withdrawal characterized her relationship with the patient as a child. She would often leave early for vacations with the patient, to be joined weeks later by the husband. Although the other children were always included in these trips, they were not mentioned in the patient's reminiscences. During the working part of the year he was frequently left in the care of servants whom he often terrorized, though not without affection.

When the Germans occupied the country and the patient was eight years of age, his family hurriedly escaped. Relying on her Nordic good looks for protection, the mother took care of all the preparations, while the rest of the family stayed in relative concealment and hoped for her success. The escape involved a stay in England during which the patient was temporarily separated from her.

There, despite the reassuring presence of his older sister, he refused to accept the friendly overtures of the family with whom he was placed. He isolated himself and exhibited such an imperious sense of deprivation that his mother soon made room for him in her own accommodation. Hitherto a wishful though not always successful little dictator, at this point he consolidated a defensive conception of himself as a poor but likable orphan boy. A few months later all rejoined the father who had gone ahead to make arrangements in America.

Life was relatively calm after the family was reunited. The patient continued his education with much success and had many friends of both sexes. Late in college he met and married a mild-tempered, dependent, and indulgent girl. While he characterized their relationship as 'just fine', it appeared that he exacted a good deal of service and selfless devotion from her. As his demands were made with hapless charm, and his wife was generally quite willing to gratify them, the relationship



was stable and satisfactory to both. Their sexual life was mutually satisfying.

The patient was treated for two and a half years. Except for occasional mild recurrences, relief of symptoms and considerable insight had been achieved and maintained for the better part of a year when a date for the termination of treatment was set. The anxiety and globus hystericus had been defined as reactions to an unconscious impulse to shout out his demands. In this fantasy, the class became his personal harem of loving and obligated mother-servants who should gratify all the sexual and dependent wishes of the child prince. The emotional rapport with his students and the almost physical pleasure he got from his dramatic teaching were in conflict with his intellectual controls, and made untenable the defensive concept of himself as a deprived urchin. While he was diligent in working through these problems at school, he had been generally less inclined to make any real effort to change at home.

On several occasions he had noted in passing that he habitually snored loudly. His wife tolerated this disturbing nuisance, although she sometimes complained that it kept her awake and drove her to sleep in another room. The patient was unconcerned and slept very well.

As separation from his doctor became imminent, his dependence on his wife intensified. Finally he realized in a way meaningful to him the extent to which he had been acting out the orphan's role at home to indulge a vigorous but unnecessary insistence on passive-receptive gratifications. He became aware with some relief that he could be the giver as well as the recipient of open feelings of tenderness. Quite enthusiastically he exclaimed, 'Maybe I don't have to keep banging on my wife's ears so she will notice me every minute of the day'. 'The night too?' inquired the therapist. The patient pondered this comment, visibly nonplused.

The next day he reported that he had slept poorly, awakening several times. In the morning his wife told him, unsolicited, that he had not snored. He spoke at length of their habit of sleeping

back to back, unless she was driven from the bed by the noise, and of a desire to turn toward and reach out to her. He would, he said, like to be appreciative and loving, to give her his arms to lie in, yet he felt some vague inability or unwillingness. That night he dreamed.

I was going to visit a friend and his wife. I was in the foyer of their building with my daughter, looking for the doorbell to their apartment. Above each mailbox was a picture of the nativity, mother and child. Trying to get in, I push one buzzer, then another, and another. As I go from one to the other I seem to be ignoring my daughter, who stands in the far corner looking small and hurt.

He identified the nativity as the madonna-child illusion he was seeking to maintain with his wife, and the daughter as his wife, neglected and alone as a result.

The therapist commented that the role of the buzzers in the dream suggested that his mighty snoring was somehow a vehicle of his search. This the patient vigorously denied. There was no snoring in the dream, he said. How could he snore as an unconscious demand? It was just nonsense to assume that on the basis of some whim he turned the noise on while he was asleep. Perhaps that was so, the therapist agreed, but how about turning it off? Surely the sounds were audible to him; besides, the whole process must create a good deal of vibration in his head and neck. Possibly he chose to ignore these cues rather than respond with a change of position or some other means of stopping the noise.

The patient continued his argumentative soliloquy for a few minutes and then lapsed into a resentful silence. Suddenly he began to laugh with such hilarious embarrassment that he could barely talk. Between spasms, he finally stammered that for the past several weeks he had unaccountably begun to feel that his friend in the dream was quite irritatingly a baby in relation to his wife. But what struck him even more acutely was his simultaneous recollection that this man was also a snorer! In-

deed, whenever the patient and his wife were with this couple, the conversation invariably turned to the snoring of both husbands and the mutual trials of the wives as they tried to get a peaceful night's sleep. The dream showed him trying to get into this man's house, to join the scene, to be him. Their only real points of identity were their snoring and their dependence on their wives.

With this embarrassed shock of recognition, the interpretation was unavoidable. From this point the patient began to deal actively with the snoring as a symptom and with its emotional determinants. When treatment was terminated a few months later it had decreased noticeably, and, according to the patient and his wife, did not recur significantly over a follow-up period of six months.

For the most part this clinical fragment speaks for itself in favor of assessing the snoring as a motivated symptom. It may be of interest, by way of further confirmation, to touch briefly on its role in defense and on how it may be woven into the fabric of resistance. Immediately following the sessions reviewed, the patient dreamed.

My wife fell asleep beside me in our bed, but it was not our present bed. I felt I had lost her. I was fearful and upset. I said, 'What about the snakes coming out of the wall that terrify me?'

The bed was the bed shared with his mother in England after their escape from the Nazis. In the course of this and subsequent sessions he re-experienced some of the anxiety that was involved in the separation from her and in risking independence in a dangerous world. That his associations were strongly tinged with sexual feelings suggested a further motivation for the symptoms as protecting him from dangerous sexual wishes. As long as the wife-mother remained awake and watchful he could remain asleep in her bed comfortable and undisturbed. In working through these aspects of his snoring, threads of re-

sistance arose in which sound effects continued to figure prominently in dreams.

A camp director talked about a radio with pleasant music tuned softly to one station. I decide it's all phony.

I'm flying on the wing of a World War I one-engine fighter plane. The engine is roaring. As we swoop under a bridge I fire my machine guns at the enemy, who is firing at me.

I visit a friend, who looks like you, with a record I want to play. The record is grand and tragic Wagnerian opera, but the needle of his victrola is a peculiar cutting tool which cuts up the record each time I start it.

I'm hobnobbing with the president. We watch television. A fan is blowing to keep the room cool and comfortable.

I'm skiing with a friend. I advise him not to go down a dangerous slope. Instead we go to the lodge and hum folk tunes to the strum of a guitar while an elderly female feeds us chocolate.

Even without associations a variety of aggressive, dependent, and anxiety-evoking factors can be easily observed in the resistance or search for magical alternatives in these dreams. It is equally clear that the sound, selectively audible to the patient, is placed in intimate relationship to the predominant affect; thus, the roar of the engine and machine gunfire as an aggressive attack, and the comforting hum of a fan or the strum of a guitar as the magical repair of dependence are invoked. These findings appear to be clinical parallels to the experimental evidence previously noted that emotionally meaningful stimuli may modify and be incorporated into current dreams.

During this phase of treatment, the patient related the dream sounds directly to his snoring. It is also of interest that a review of earlier sessions proved that passing references to his snoring occurred as associations to other dreams containing sounds, generally also in the context of feelings related to his wife. Probably these associations provided the therapist with unconscious clues for the apparently spontaneous formulation that was readily



available with the first interpretive comment. Perhaps as the patient became emotionally involved in his marital relationship the suppression of awareness of the snoring threatened to fail so that further efforts—through the dream work—were required to disguise or deny the dream wishes and so maintain sleep. In any event, the patient's elaborate disregard of his loud snoring had finally given way to concentration of attention on it; moreover, from the time the point was raised until the termination of treatment, the degree of his snoring served as an accurate barometer of the state of the patient's relationship with his wife. The experience with this patient suggests that chronic snoring, habitually ignored by the snorer while continuously disturbing to those about him, sometimes may be unconsciously motivated.

To be sure, alternative explanations cannot be excluded. The patient's wife may have felt more peaceful and slept more soundly as he released her from his nagging dependence and gave less sparingly of tenderness and support. Since the dream noises were associated with a variety of shifting affects, it might also be argued that they were incidental artifacts, residues representing whatever emotional conflict was in ascendance during the previous days. Against these interpretations are the appearance of sound effects in his dreams, usually when he was in states of conflict about feelings toward his wife, their apparent bearing on his concern about her sleeping, their disappearance from the dreams in accordance with variations in their relationship, and his conscious struggle with the symptom. In this connection the similar dynamic significance of the snoring and of the *globus hystericus* with anxiety should be included. The one was a full, free roaring of demands at his wife in his sleep, the other a waking reaction to unconscious wishes to do the same with his students.

Presentation of this case in no way presumes to elucidate the problem of the choice of a symptom. Why the snoring first occurred, and whether it was initiated by a specific conflict or became involved secondarily as an expressive vehicle remain unknown. What was indicated by the analysis of this patient's

snoring is that his ignoring the symptom and its free indulgence without concern were psychologically determined.

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# JUNG'S 'MEMORIES, DREAMS, REFLECTIONS'<sup>1</sup>

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We know from his letters to Fliess and from *The Interpretation of Dreams* how Freud had yearned to visit Rome but had put off the fulfilment of that wish until 1901 when he was forty-five. He had rationalized his inhibition in various ways; for instance, 'at the season of the year when it is possible for me to travel, a residence in Rome must be avoided for reasons of health'. To this observation (in *The Interpretation of Dreams*) he added, in 1909, a dryly understated footnote: 'I discovered long since that it only needs a little courage to fulfil wishes which until then have been regarded as unattainable'. As Jones explains in his biography: 'It was only after four years of determined and unsparing self-analysis that Freud at last conquered [his] resistances and triumphantly entered Rome'.

C. G. Jung's posthumously published memoirs, here reviewed, contain the confession: 'I have traveled a great deal in my life, and I should very much have liked to go to Rome, but I felt that I was not really up to the impression the city would have made upon me. . . . I always wonder about people who go to Rome as they might go, for example, to Paris or to London. Certainly Rome as well as these other cities can be enjoyed æsthetically; but if you are affected to the depths of your being at every step by the spirit that broods there, if a remnant of a wall here and a column there gaze upon you with a face [Freud's?] instantly recognized, then it becomes another matter entirely. . . . In my old age—in 1949—I wished to repair this omission, but was stricken with a faint while I was buying the tickets. After that, the plans for a trip to Rome were once and for all set aside.' Seen against the background of Jung's familiarity with *The Interpretation of Dreams* and his knowledge of Freud's self-analysis, this statement constitutes a profound (though unintended) self-revelation.

It is not surprising that Jung had misgivings about publishing this book, though to be sure his misgivings were carefully rational-

<sup>1</sup> Jung, C. G.: *Memories, Dreams, Reflections*. Recorded and edited by Aniela Jaffé. Translated from the German by Richard and Clara Winston. New York: Pantheon Books, 1963. 398 pp.

ized to the last. 'This task has proved so difficult and singular', he says, 'that in order to go ahead with it, I have had to promise myself that the results would not be published in my lifetime'. And his editor adds: 'To the day of his death the conflict between affirmation and rejection was never entirely settled. There always remained a residue of scepticism, a shying away from future readers.' He could never frankly acknowledge the book as his own but spoke of it as 'Aniela Jaffé's project'. Perhaps this was to some extent literally true, and perhaps he mistrusted his waning powers; but it may be that he sensed in these revelations the ultimate discovery of his failure. It is as a piece of naïve autopathography that the work is fascinating. Otherwise it is often tedious, garrulous, evasive, and heavily overloaded with minute accounts of obsessively detailed dreams.

Jung's calling in life was the creation of a personal myth, and he might well be characterized as an artist *manqué* who emerged as a gifted charlatan. Greenacre has called attention to a group of characteristics manifested in childhood by persons who later show significant creative talent; these characteristics include a heightened sensitivity to sensory stimulation, an unusual capacity to establish relations among various stimuli, and a predisposition to empathy that appears as a peculiar degree of empathic animation of inanimate objects and anthropomorphizing of living objects. With reference to these characteristics, the early chapters of these memoirs could document an interesting case for Jung as potential artist.

On the other hand, the early chapters seem designed to illustrate and support Jung's personal myth. Between the ages of three and four he had a dream which, he says, 'was to preoccupy me all my life'. The dream (much abbreviated here; Jung's account covers several pages) is of a subterranean chamber in which is enthroned an erect phallus, big as a tree trunk. A distortion of historical sequence is strongly suggested in a memory, placed at age six, of peering through the open door of a Catholic church (his father was a Protestant clergyman): 'I just had time to glimpse the big candles on a richly adorned altar (it was around Easter) when I suddenly stumbled on a step and struck my chin on a piece of iron'. Jung no doubt intended this sequence of dream and memory to stand as an early exemplar from his own experience of the 'prospective tendency' of dreams. It is part of his method of mystification that he does



not state this explicitly but leaves it to the reader's conjecture. It seems plausible enough, however, to assume that dream and memory have simply been reversed and that behind both is a primal scene fantasy (later to be glorified in the exalted Jungian terminology as the *mysterium coniunctionis*).

In a later chapter Jung describes a series of crucial developments from his twelfth year. The first is the appearance of a school phobia. This was followed by a split in identity—the discovery that he 'was actually two different persons'. Next in sequence came a religious experience—an illumination—of a particularly idiosyncratic sort. The school phobia was expressed in fainting attacks every time he had to do homework or tried to go to school. As a result, he was free of responsibilities for half a year: 'I . . . could dream for hours, be anywhere I liked, in the woods or by the water, or draw. . . . Above all, I was able to plunge into the world of the mysterious. To that realm belonged trees, a pool, the swamp, stones, and animals, my father's library'. This pleasant interlude came to a halt when he overheard his father's pitying remark that he, the son, might never be able to earn his own living. For Jung this was a sobering 'collision with reality' (compare his later emphasis, in therapy, on admonitions to pursue one's 'life task'). 'From that moment on', he says, 'I became a serious child. I crept away, went to my father's study, took out my Latin grammar, and began to cram with intense concentration.' He fought off the successive fainting spells which threatened to overwhelm his efforts and persisted until he had conquered the symptom. Shortly afterward he returned to school. It was not much later, however, that he discovered that he was actually two people—one a child of twelve and the other a mysteriously wise old man.

The religious illumination that followed came as the culmination of a three-day struggle against an obsessional thought: that God would defecate on the Basel cathedral. Jung spent three days in anxious inward debate and feverish consultation of theological texts in his father's library. Then, having concluded that the thinking of this thought must be God's will, he permits himself to think it, God defecates, and Jung, in evident empathic identification with the deity, experiences 'an enormous, an indescribable relief'.

It is clear from the context that Jung, even in retrospect, regarded his childhood neurosis as cured with the overcoming of the school

phobia. The conception that he was two different persons he regarded as a discovery (in his fully elaborated psychological system, the 'No. 2' person is ultimately represented as the archetype of the Old Man); and the obsessional struggle with his blasphemous thought he regarded not as a manifestation of illness but as a religious experience that provided him with a sustaining secret for the rest of his life. It was later elaborated in Jung's compulsive mystico-religious preoccupations, which are characteristically of a schismatic rather than an orthodox variety. His relationship to Freud reflected the same ambivalence toward 'orthodoxy' and found an analogous schismatic expression.

The break with Freud was a critical turning point for Jung and brought in its wake a profound spiritual upheaval. It is interesting to set this later crisis against the school phobia and the rest of the childhood sequence described above. As with his school phobia, Jung went into a retreat. He gave up his university teaching and avoided public appearances. As the upheaval had been occasioned by the separation from Freud, so the self-therapy was now clearly inspired by Freud's self-analysis—at least in the superficial aspect of a preoccupation with his own dreams. In these dreams, Jung's 'No. 2' personality soon put in an appearance—as a *guru*, or mentor, who instructed him in the secrets of the unconscious. It is tempting to imagine that even this dream-*guru*—whom he calls Philemon—is a transformation of Freud. But if Philemon is Freud transformed, he is Freud tamed to Jung's purpose. The unconscious revealed by Philemon (having its origin, one suspects, in the library) is not Freud's unruly id-cauldron, but the sophisticated, cultured, and scholarly collective unconscious.

Recapitulating the retreat and the illumination of his childhood, Jung dreamed, played, immersed himself in the reading of books and the contemplation of mysteries. He built a model village, drew, painted, and wrote curious mystical philosophical literary works. He saw visions and felt that he was buffeted by overwhelming inner forces. At times he himself felt that he was struggling with a psychosis, and he was probably right. However, he brought a strong intellect and creative gifts to bear on the treatment of his own illness and he did achieve a kind of recovery. Unlike Freud, however, he was unable to tolerate analytic insight, proceeded in a centrifugal direction (to the 'library'), and arrived at a palliative solution that

not only resembles the religious systems of the past but of course draws on them for support and assimilates much of their contents.

Jung's self-presentation in relation to Freud is remarkably ingenious. On the one hand he states that Freud was not able to interpret his dreams. He attributes this to their 'collective contents' and their 'symbolic material' to which Freud, he suggests, could not possibly have the key. But then he states quite baldly that he would not divulge his associations and once even lied outright, justifying this maneuver on the ground that he did not wish to quarrel with Freud (but also on the contradictory ground: '*à la guerre comme à la guerre!*'), adding that 'it would have been impossible for me to afford him any insight into my mental world'. He is more generous with us.

In his first psychiatric monograph (1902), *On the Psychology of So-called Occult Phenomena*, Jung concerned himself with certain unusual states of consciousness to which (as we learn from the present work) he was himself subject. In that early monograph appears the statement: 'Persons with habitual hallucinations, and also those who are inspired, exhibit these states; they draw the attention of the crowd to themselves, now as poets or artists, now as saviours, prophets, or founders of new sects'. His memoirs make it plain that he is himself one of these personalities and that his lifelong concerns with poltergeists, visions, clairvoyance, presages, and ghosts bear witness to his 'singularity'. Jung really did believe in ghosts. Moreover, having a professional performer's instinct, he was not beyond a touch of artifice to enhance a ghost story. At least one of these is worth recording here.

On a second visit to Ravenna, Jung is deeply moved at the tomb of Galla Placidia. From the tomb he goes, with a companion, to the renowned Baptistry of the Orthodox and is surprised to see there four magnificent mosaics that he cannot recall from a previous visit. He and his companion stand before the mosaics (all of which have to do with water and suggest themes of drowning and rebirth) and discuss them at some length. Later he tries to get reproductions, but his time is limited and he fails to find any. Back in Zurich, he commissions a friend going to Ravenna to get the reproductions for him. Only then does he learn that no reproductions exist, because the mosaics do not exist. He had hallucinated them. The hallucinations are rationalized as 'concretizations' produced by a projection

(Jung's term) of his *anima*—the mediator between the conscious ego and the collective unconscious—onto Galla Placidia herself. It is a commemoration of a safe passage from Byzantium over a stormy sea. Jung tells us, Galla Placidia built and decorated with mosaics the Basilica of San Giovanni, later destroyed by fire. There Jung lives off, implying (and the implication is worthy of Barthes) that the 'concretized' mosaics are in fact the lost mosaics of the San Giovanni.

Some of Jung's ghosts, perhaps Galla Placidia among them, seem to emerge from ghost stories that have so aroused their author that he has come to believe them himself. Others are recognizable as the screen memories, deliria, nightmares, and Isakower phenomena of his childhood. Some seem to be outright hallucinations elevated to the dignity of visions and charged retrospectively with oracular content. However, unless one excepts the embittered ghost of Jung's disillusioned clergyman father, these assorted phantasms are mere theatrical mummery compared to the one great ghost that haunts this book—the ghost of Freud. Jung fled that ghost throughout his life, as he fled the unconscious that Freud had discovered, and into whose mysteries he could never allow himself to be initiated, and though he fought it with all the massive armaments summoned up by his compulsive erudition (including archeology, theology, oriental and occult philosophy, gnosticism, cabala, astrology, and alchemy). Freud's was a ghost he could not exorcise. It is this failure that lends a special poignancy to the last sentence of his book: 'It seems to me as if that alienation which so long separated me from the world has become transferred into my own inner world, and has revealed to me an unexpected unfamiliarity with myself'.



# A FOOTNOTE TO JUNG'S 'MEMORIES'

BY FRANKLYN A. LEVY, M.D. (NEW HAVEN)

## I

The recently published autobiographical study of C. G. Jung, *Memories, Dreams, Reflections*,<sup>1</sup> is such an extraordinary first revelation of the inner world of the great psychologist that it would require another volume to do justice to the illumination it casts on the workings of his mind. One passage taken from the chapter 'Confrontation with the Unconscious' however, is so strikingly illuminating regarding its *psychological* meaning that it deserves special treatment. A key happens to be readily available, and it provides an interpretation quite different from Jung's own.

After his break with Freud, the historic occasion of which was the Munich Congress of September 7-8, 1913, Jung found himself 'helpless before an alien world; everything in it seemed distant and incomprehensible'. He felt violently assailed by 'fantasies which he did not comprehend, and with emotions not described by him'—which he thought would result in a psychosis like that of Nietzsche or Hölderlin. He therefore decided to submit voluntarily to a 'scientific experiment', to allow himself to plummet down into the fantasies, and thus, if his attempt were successful, 'to try to gain power over them'.

'It was during Advent of the year 1913, December 12, to be exact' that he took this step. A series of fantasies followed, and either were recorded then, or possibly were only recollected later when he was recounting his experiences to his 'biographer' and disciple, Aniela Jaffe, the editor of this book. The original should be consulted for details.

The fantasies on which I wish to comment are the second and third of a series, the second being actually a dream during sleep. 'I was with an unknown, brown-skinned man' it begins, 'a savage, in a lonely, rocky mountain landscape. It was before dawn, the eastern sky was already bright, and the stars fading. Then I heard Siegfried's horn already sounding over the mountains and I knew

<sup>1</sup>Jung, C. G.: *Memories, Dreams, Reflections*. Recorded and edited by Aniela Jaffe. Translated from the German by Richard and Clara Winston. New York: Pantheon Books, 1963.

that we had to kill him. We were armed with rifles and lay in wait for him on a narrow path over the rocks.'

In the course of the dream he (or rather 'we') shot at Siegfried and killed him. The dreamer was filled with remorse 'at having destroyed something so great and beautiful' and fled, hoping that the rain that followed would obliterate the traces of the killing. He felt unbearably guilty, and on waking was threatened by an inner voice: 'If you do not understand the dream, you must shoot yourself'. Since he had a loaded revolver in his desk he was very frightened. Immediately he interpreted the dream to mean that 'Siegfried . . . represents what the Germans want to achieve, heroically to impose their will, have their own way'. Hence the hero had to be killed. He felt compassion with his victim: 'My secret identity with Siegfried, . . . the grief a man feels when he is forced to sacrifice his ideal and his conscious attitudes'.

Pursuing his fantasies, he made an attempt 'to get to very bottom'. He was 'at the edge of a cosmic abyss'. 'Near the slope of a rock I caught sight of two figures, an old man with a white beard and a beautiful young girl.' The old man's name was Elijah,—and the girl called herself Salome. She was blind. He was assured by Elijah that he and Salome had belonged together from all eternity. There was also a black serpent living with them 'which displayed an unmistakable fondness for me'. 'I stuck close to Elijah because he seemed to be the most reasonable of the three, and to have a clear intelligence. Of Salome I was distinctly suspicious.'

In his interpretations, Jung paid no attention to his personal associations. At least he recorded none for this book. He resorted instead to mythical derivations of his dream images, and we shall see that they, too, are not without their analytic significance. He noted how in myths and dreams old men are frequently accompanied by young girls, and how one such old man of mythology, Simon Magus, 'went about with a young girl whom he had picked up in a brothel'. This young girl, Salome, Jung called an '*anima*' figure, and he accounted for her blindness with the idea that unlike the wise old prophet Elijah, she, the erotic one, does not see the meaning of things.

The chapter of Jung's *Memories* from which these fragments are drawn contains much besides, including extraordinary accounts of poltergeist phenomena. But for us the significant thing is that Jung saw the beginning of his deliberate and conscious acquaintance with

the unconscious at this time of his life, and these fantasies were among those that ushered in a new phase.

It would be good if we could go back in Jung's experience to the days three months earlier when his psychoanalytic phase came to an end. We have no records of Jung from that time that compare in candor with the material I have quoted. Nor did he, even in his *Memories*, state that there was any connection between his break with Freud and the inner chaos of the following months which he has so graphically described. It happens, however, that we have in diary form an eye-witness account of the Congress at Munich, and I shall, therefore, quote from this diary a paragraph which I consider enlightening in the extreme.

At the Congress the Zürich members sat at their own table opposite Freud's. Their behavior toward Freud can be characterized in a word: it isn't so much that Jung diverges from Freud, as that he does it as if he had taken it on himself to rescue Freud and his cause by these divergencies. If Freud takes up the lance to defend himself, it is misconstrued to mean that he cannot show scientific tolerance, is dogmatic, and so forth. One glance at the two of them tells which is the more dogmatic, the more in love with power. Two years ago Jung's booming laughter gave voice to a kind of robust gaiety and exuberant vitality, but now his earnestness is composed of pure aggression, ambition, and intellectual brutality. I have never felt so close to Freud as here; not only on account of this break with his 'son', Jung, whom he had loved and for whom he had practically transferred his cause to Zürich, but on account of the manner of the break—as though Freud had caused it by his narrow-minded obstinacy. Freud was the same as ever, but it was only with difficulty that he restrained his deep emotion; and there was nowhere I would have preferred to sit than right by his side. Tausk consequently also sat very close by, despite the fact that Freud plainly held him off now,—although he himself admitted that in this new situation Tausk was the right man.

I have put the most significant words in italics,—because the passage is taken from the diary of Frau Lou Andreas-Salomé.<sup>2</sup>

## II

Let us start our effort to reinterpret the dream and the fantasy of Jung with the unusual name of the diarist, who by her own account sat beside or at least 'close by' Freud at the epochal meeting. H. F. Peters<sup>3</sup> in his biography of Lou Salomé says of the name '*nomen*

<sup>2</sup> *The Freud Journal of Lou Andreas-Salomé*. Translated and with an introduction by Stanley A. Leavy. New York: Basic Books, Inc. (In press.)

<sup>3</sup> Peters, H. F.: *My Sister, My Spouse. A Biography of Lou Andreas-Salomé*. New York: W. W. Norton & Co., Inc., 1962.

*est omen*', and that it 'conjures up conflicting images of passion and piety'. It was, according to the Gospel story, a Salome, the daughter of Herodias, who demanded of King Herod the head of John the Baptist;<sup>4</sup> and it was another Salome (or possibly two others) who was present at the crucifixion and who went later to the sepulchre to anoint the body of Christ.<sup>5</sup> How this Hebrew name became attached to the Huguenot ancestors of this German-speaking native of St. Petersburg is unknown. Lou Salomé had spent parts of the years 1912 and 1913 in Vienna studying with Freud, and by the time of the Munich Congress had begun a friendship with him and his family that lasted a quarter of a century, until her death. She was fifty-two years old, still showing the beauty of her youth, and three men who had loved or would love her were also present at the Congress, Bjerre, Tausk, and Gebattel. Her many writings were concerned with religion, love, and the psychology of women, as well as with æsthetic and philosophical subjects. Her relations many years before, first with Nietzsche and later with Rilke, were known from her writings. I have found no record of any meeting with Jung, but it is hardly likely that he did not know who she was.

And who was Elijah? Jung in this passage from which I have quoted called him 'the wise old prophet'. And in the preceding chapter he summed up his understanding of Freud thus: 'Like an Old Testament prophet, he undertook to overthrow false gods, to rip the veils away from a mass of dishonesties and hypocrisies, mercilessly exposing the rottenness of the contemporary psyche'. But Elijah has a truly mythological importance that goes beyond this. For Jews he was and is the forerunner of the Messiah,<sup>6</sup> and for Christians he prefigures John the Baptist, the forerunner of Christ.<sup>7</sup> In the Gospel, John is reported to have said of his relation with Christ: 'He must increase, but I must decrease'.<sup>8</sup>

Jung specifically states that these fantasies occurred during Ad-

<sup>4</sup> Unnamed as such in the New Testament, this Salome danced before Herod Antipas and received as a reward the head of John the Baptist (Mark, VI:17-29, Matthew, XIV: 3-11. The name is given by Josephus in his *Antiquities* XVIII, V: 4).

<sup>5</sup> Mark, XV: 40, XVI: 1.

<sup>6</sup> Malachi, IV: 5.

<sup>7</sup> Matthew, IX: 7-14.

<sup>8</sup> John, III: 30 (Authorized version).



vent. That is, they heralded the season of the coming of Christ. The New Covenant was about to be revealed, to supersede the Old. The forerunner was about to be replaced by the true Messiah, Freud was to be replaced by Jung. The complex figure of the beautiful Salome had a part in this new edition of the ancient myth. For on the one hand she was in complicity with the plot to destroy Elijah-St. John-Freud, but in another manifestation she would be present at the death of Christ-Jung. She is the emblem of Freud's supposedly exaggerated preoccupation with sexuality, but she is also the mediatrix of divine violence. She is the temptress, the harlot-mother, and also at once the betrayer and the mourner of the fused Freud-Jung. It would be achieving an artificial simplicity to sift out any one of these roles from the natural confusion in which they all stand; and we have Jung's word for it that the victim and the victor in this struggle were also partially identified in his mind.

But this brings us to more names of 'ominous' ring. Freud's champion in this trial by combat at Munich (it is hard not to fall in with the mythologizing spirit) was *Viktor Tausk*, as we have seen from Lou Andreas-Salomé's account. This brilliant but unhappy figure accompanied her during much of her stay in Vienna. He was recognized by Freud to be a man of great intellect and psycho-analytic ability, but he was also inclined to work in whatever most interested Freud at the moment, so that he seemed to be in constant and invidious competition with Freud. Unlike Jung, who wrote that he accepted being Freud's 'son' unwillingly, Tausk wanted to be the 'son', and was rejected. He was also too much the 'beast of prey', too violent and unrestrained,—but all the more fitted for the job of rebuttal at this time.

There are other, related names to be considered, when we turn to the dream of Siegfried, the hero who had to be killed. Just why he had to be killed is not very plain from the mythological evidence. Jung connected him with the problem of the growing German imperialism—it having become plain to him in a dream a month before that there would be a war, and a rain of blood. So at this point Jung was to defend the world against the Teutonic hero. It is only regrettable that Jung did not persist in this interpretation of his mission when the Teutonic hero returned in one of his periodic rebirths two decades later. It is the more ironic, therefore, but still an inescapable conclusion that the German Siegfried is also the

Moravian Jew Sigmund,<sup>9</sup> and that both of them are united in the figure of the blond antihero Viktor Tausk, who was Freud's voice on this occasion. And there is another irony in the presence at the murder of the dark savage unknown who, in Jung's words, was his 'shadow',—that is, his primitive self, the self whom Freud had exposed.

It would be possible to take up other details. Certainly the 'black serpent' ought not be omitted since it is the third member of the little group, and 'displayed an unmistakable fondness for' Jung. In Jung's interpretation the snake is the frequent mythical counterpart of the hero, and its presence indicated the hero-myth. Since we already know that Jung's hero was present in the figure of Elijah we need to press the evidence a little further. It is obvious that the serpent is a phallic symbol, and hardly less obvious that he belongs as much to the blind Salome as to the hero. We understand then that part of the ambivalence the fantasist feels toward Salome comes from her being the phallic woman, in this instance sharing the penis with the hero. But we ought not depart too readily from the Biblical mythology with which this fantasy is presented. Is this not also the serpent of Eden, the tempter who seduced the woman with the promise of knowledge? 'Ye shall be as gods, knowing good and evil.'<sup>10</sup>

Why is Salome blind? Because, Jung thought, 'she does not see the meaning of things'. We might add that she has given herself to the obsolete hero, and she does not recognize that the new hero is present. As love, she is blind also, and perhaps she is blind justice; although her partisanship—in the form of our diarist—is manifest. One point more: although the material suggests clearly that Jung's fantasy is a barely modified recollection of the scene at the Congress at Munich, he was himself utterly blind to this preconscious memory.

### III

It is not presumptuous of us to make the diagnosis at this late time that Jung's state of mind after the Congress was prepsychotic,—since we have his word for it. It is in keeping with his character that his impending psychosis is likened by him to those of Nietzsche

<sup>9</sup> In Wagner's operatic cycle, Sigmund is the father of Siegfried. See Bulfinch, Thomas: *Mythology*. New York: Thomas Y. Crowell Co., 1913, p. 355.

<sup>10</sup> Genesis, III: 5.

and Hölderlin. Nor in view of the capacity of his mind need we consider this megalomaniac comparison so very unrealistic. He might have added G. Th. Fechner to their number, another very great mind that fell ill, and this time a psychologist. The difference between Jung and these others, however, is also a great one: their illnesses terminated their productivity, and his illness may be said to have begun his.

That is an exaggeration, since two of Jung's works preceded this period—*Psychology of Dementia Praecox* (1905) and *Symbols of Transformation* (1912). The latter work was indeed the one which precipitated Jung's break with psychoanalysis. Nevertheless it was after this time, as Jung himself recollects, that he began the constant self-scrutiny which was the source of all his later writings. He said of this effort: 'My science was the only way I had of extricating myself from that chaos. Otherwise the material would have trapped me in its thicket, strangled me like jungle creepers.' Jung's achievement, then, as far as his personal experience is concerned, may be said to have consisted of his successful mastery of the eruption of psychotic fantasies by objectifying them, isolating them from his observing ego, and discovering a new matrix for them in a mythological consensus. The shared preconscious became the 'collective unconscious'.

Freud's selection of Jung as his 'son' and heir is well known. As early as 1909, however, the relationship had been disturbed when Jung demonstrated his experiences in the occult to Freud. Poltergeist phenomena, which seem to have broken out repeatedly in Jung's environment, were, Freud thought, capable of a naturalistic explanation, although he did not conceal his amazement at the outbreaks in his presence. He wrote to Jung at that time: 'It is remarkable that on the same evening that I formally adopted you as an eldest son, anointing you as my successor and crown prince—in *partibus infidelium*—that then and there you should have divested me of paternal dignity, and that the divesting seems to have given you as much pleasure as investing your person gave me'.<sup>11</sup> In his *Memories* Jung rather disclaimed any ambitions to be this kind of disciple of Freud. He spoke as if, departing from quite different principles, his way had only intersected Freud's, so that once their theoretical differences became irreconcilable the two could only proceed each on his

<sup>11</sup> Jung, C. G.: *Op. cit.*, p. 361.

own course. That profound emotional events had occurred is certainly not admitted by Jung.

The two 'memories' of Jung which I have presented here in a new framework seem to reveal with clarity the actual state of affairs at the time of the break. A transference-countertransference phenomenon had taken place in the two men much earlier. Freud, it must be recognized, was here the victim of his own personal mythology. Faithful sons are not adopted in this way. But Freud had also perfected an instrument which is remarkably adapted to the function of 'demythologizing', to use a term of more recent coinage, and he could apply it to himself. For Jung the theoretical differences led to an outburst of positive oedipal aggression for which he was not prepared. His contact with psychoanalysis had sensitized him so dangerously that he could only have recourse to the mechanism of denial. His childhood schizoid reactions, also described explicitly in this volume, included an almost total retreat from the external world into the life of fantasy. His externalization of the oedipus complex was also involuntarily facilitated by Freud,—who had twice fainted in his presence; the father-hero was mortal, although Jung tried to deny this too. When his rebellion was acted out at Munich in the presence of the primal parents, a drastic result ensued. The murderous assault was not eradicable, because the hated oedipal object was still loved. The unconscious murderer was identified with the dead father; only self-destruction could follow. That another solution was open to Jung indicates one of the unforeseeable possibilities of genius,—and of man's perhaps incurably mythopoetic mind.

It is only proper to conclude this brief footnote by reminding the reader that Jung's theoretical psychology cannot itself be judged as if it were a morbid product. The relation of mythologies to unconscious mental processes is not a closed problem and as Paul Friedman and Jacob Goldstein have recently observed,<sup>12</sup> the empirical knowledge of myths in the Jungian corpus deserves the attention of psychoanalysts on its own merits.

<sup>12</sup> Friedman, Paul and Goldstein, Jacob: *Some Comments on the Psychology of C. G. Jung*. This QUARTERLY, XXXIII, 1964, pp. 194-225.



## BOOK REVIEWS

**THE QUEST FOR THE FATHER.** A Study of the Darwin-Butler Controversy, as a Contribution to the Understanding of the Creative Individual. By Phyllis Greenacre, M.D. New York: International Universities Press, Inc., 1963. 119 pp.

In this book Dr. Greenacre continues her series of scholarly and illuminating treatises on the gifted and creative, choosing for her subject this time a specific encounter in the lives of Charles Darwin and Samuel Butler in the form of a bitter personal controversy which took place between them.<sup>1</sup> This is both a study of the psychology of creativity and an interesting psychographic essay into the lives of two gifted intellectuals of the nineteenth century.

The opening section makes further contributions to Dr. Greenacre's previous writings on the psychology of creativity. Since this material is drawn from the psychographies of two famous men rather than from clinical analyses of gifted patients, Dr. Greenacre elucidates some of the advantages which she sees as actually accruing from this method. These include the availability of the creative productions and other documents and records from the person himself; the scrutiny of similar documents and other evidence on a wide scale from many others who had relationships with the subjects; the lesser concern with confidentiality about such people years after their deaths; the settling of the dust of controversy, and a greater objectivity after a long lapse of time; the availability of the data and source material to other investigators. In many ways, the psychoanalytic biographer approaches his study from vantage points precisely opposite from those of the psychoanalytic therapist and, in general, has resources unavailable in therapeutic techniques.

In the subtle depths of the inner man, the patterns are more complicated in the creative person than in those less gifted. The scope of vision is greater, but there are also greater problems and greater potentialities of individuation and identity. Studying the early genetic psychological history in the lives of creative people, Greenacre finds deep sensitivity with responsiveness, special awareness of form and rhythm, richness in the texture of sensations, deeper resonances and greater overtones. These culminate in an especially

<sup>1</sup> Based on the Freud Anniversary Lecture delivered at the New York Academy of Medicine on May 22, 1962.

increased scope, intensity, and expansiveness in the phallic phase. There is an intensified oedipus complex which tends to be 'acutely burdened and extraordinarily severe', one from which a more complex path of resolution must be followed than in the typical oedipal struggle. This struggle in the creatively gifted becomes an eternal search for the father, and serves as the main thesis that Dr. Greenacre attempts to portray in the study of the present examples.

The oedipal struggle persists with the aid of a supporting fantasy of a powerful godfather or foster father, thus permitting development of the creative processes which are closely linked to the hidden oedipal conflict. A powerful and favorable family romance then develops which alleviates guilt, subdues castration anxiety, and encourages the fullest fruition of the creative forces. This may become a continual 'hunt for a master'. The custom of having a patron, which in former times and in many cultures was almost necessary for the artist's survival, cogently subserved this fantasy.

Other problems, also enhanced, as the readiness to escape from personal exigencies into collective substitutes or the indulgence in fantasy—which prevents decisive closing of the successive libidinal phases of early childhood—are observed. A result of the latter is a weak barrier between primary process and secondary process thinking and imagery, a condition which seems characteristic of gifted individuals.

The Darwin-Butler controversy itself had little or no affect on the direction of scientific theory, but 'appeared rather as a minor but prolonged squall in a particularly stormy season'. After having enthusiastically embraced Darwin's theories, Butler, who greatly admired the man, later turned against him with a marked bitterness and fury, impugning his scientific and personal integrity. The quarrel, a trivial but unfortunate affair, had to do with the translation into English of a German sketch of the life of Charles' grandfather, Erasmus Darwin. Certain changes from the original had been made in the translation which Butler felt had been taken from a recent book of his. In this book, Butler had espoused the cause of Erasmus against Charles Darwin. As Charles had endorsed the translation, he was accused of devious behavior by Butler. Darwin acknowledged the lapse but denied the intent and a bitter feud ensued, mainly on the part of Butler, whose fury reached almost paranoid intensity. Greenacre points to certain neurotic features

on the part of Darwin which may have been responsible or played a part in the error. Darwin, confused and bewildered about the whole matter, remained silent and hurt, thereby inflaming Butler's bitterness the more. This, in brief, was the protracted Darwin-Butler controversy. The salient traits in the psychic developments of both of these two great men are in each case shown to motivate the contentions on each side of the controversy which, supposedly actuated by philosophic and scientific truth, were in fact 'vehicles for emotional attitudes highly personal in origin, of which the adversaries were dimly, if at all, aware'.

Darwin's grandfather was the exuberant and powerful Erasmus Darwin. Charles' father, Robert Waring Darwin, was a successful, fashionable physician, a colossus of a man, who never thought much of his son Charles. In Charles, who was intensely concerned with the expression of emotions in man and animals, there was a muting of the expression of his own emotions and a reaction-formation against any show of anger or aggression. Accompanying the flowering of Charles' creative genius, Greenacre traces the existence of a markedly inhibiting neurosis with insomnia, gastrointestinal disturbances, palpitations, fear of heart trouble, and probably 'a severe confusion of sexual orientation'. Of particular relevance in this connection was Darwin's continuing internal conflict about the antireligious direction in which his scientific theories seemed inevitably to lead. He was always timid about making any such unequivocal assertion and to the end tried to reconcile his scientific views with religious attitudes. 'With the caginess of the obsessional, he could never bring himself to speak against God.'

In keeping with the main thesis, Greenacre considers much of his neurotic behavior, as well as many aspects of his creativity, to be derived from various facets of his ambivalent identification with his father and grandfather. In addition, no small part was played by reactions to sadomasochistic fantasies concerning his own birth and relating to his mother's death when he was eight years old.

Butler's family, with a similar social background and with certain specific though not close relationships with the Darwins, was also characterized by a strong disciplinary attitude of fathers toward sons. The central axis was again a powerful, energetic, tenacious grandfather, Sam Butler, whose son, Thomas, the father of Samuel Butler, was less brilliant and achieved an adequate but much less

distinguished career. It was Thomas Butler who was a contemporary of Charles Darwin. The developmental vicissitudes in the psychic development of the younger Samuel Butler show again a deep but ambivalent relationship to his own father repeated in many displaced relationships in his life. Like Darwin, he rediscovered his powerful grandfather late in life and turned toward him with much fascination and partial identification.

Finally is shown 'the reciprocal impact of the intrapsychic struggles of the two men', and how their individual life experiences and pressures contributed to the content and sharpness of the controversy between them. Both were men of talent whose restless and inquiring minds caused them to rebel against the stultifying dictates of their immediate fathers, and turned them unconsciously to fantasies of powerful illustrious grandfathers. Each reacted with neurotic trends related specifically to unconscious aggression against his father. The major creative work of each was also related to these early deep and powerful unconscious forces: Darwin's meticulous collection and interpretation of biological facts and Butler's *The Way of All Flesh*.

Butler's early fascination and love for Darwin, seeing in him a new and omnipotent God-father, turned to bitterness when his infinite expectations could not find fulfilment. Darwin's theories came to represent too much a world built by chance rather than the protection of an omniscient guiding father. He liked better the theories of Lamarck and of Erasmus Darwin whose cause he dramatically espoused and who represented his last attempt to find a patron.

Greenacre notes the advantages of writing psychographies of long-deceased notables over the limitations imposed in using data from the psychoanalyses of living persons for such purposes. In many places, however, the clinician may wish for the confirmation which only living free associations can provide and feel some discontent with interpretations which come from carefully edited autobiographies. Despite these unavoidable and never-to-be-satisfied reservations, this work maintains Greenacre's series of carefully documented and brilliantly conceived studies of the gifted and creative minds of the past, and adds to our understanding of these in depth by her own imaginative research and creative style.

LEO RANGELL (LOS ANGELES)



ELTERN, KIND UND NEUROSE. PSYCHOANALYSE DER KINDLICHEN RÖLE.  
(Parents, Child and Neurosis. Psychoanalysis of the Child's  
Rôle.) By Horst-Eberhard Richter. Stuttgart: Ernst Klett Verlag,  
1963. 325 pp.

Professor at the University of Giessen and Director of the Psychosomatic Clinic, Richter bases his book on studies of families made by him and his co-workers in association with The Consultation and Research Institute for Mental Disturbances in Childhood of the Department of Psychiatry at the Free University of Berlin. The presentation is lucid, the case histories excellent, and the text displays a comprehensive knowledge of the German, English, French, and American literature. The first part is a sound exposition of psychoanalytic observations of parental influences relevant to the origin of neuroses in the child. This is followed by a detailed presentation of recent research in cultural anthropology, the study of twins, 'hospitalism', and 'family sociology'.

The author has directed his own studies to the various roles which can be imposed on a child by parental transferences and by narcissistic projections. The concept of the role is defined as the structured complex of unconscious expectations and fantasies which parents focus on the child. Psychoanalytic experience shows that unconsciously a parent may burden a child with the function of serving as his representative in solving his own conflicts. A description and classification of various such roles is presented, based on Freud's types of object choice. Richter states, for example, as typical of roles traumatic to the child: the child is substituted for (a) a parental figure; (b) for the mate; (c) for a sibling.

In the second part, the child's plight is described when he serves as surrogate for some aspect of the parental self: (a) a simple reflection of the parent; (b) of the parent's ego ideal; (c) of his negative identity (scapegoat); (d) as the 'disputed ally'.

Each clinical chapter is provided with one or two illustrative case histories and followed by a discussion. The last chapters describe the limits of the model and the effects in adult life of the childhood experiences.

This is an important contribution to some essentials of genesis and etiology of the neuroses and to the mechanism of neurotic interaction; also to the clarification of psychic trauma. Richter is certainly

correct in stating that the psychoanalytic study of motivation in the relationship of parents to the children has not attained the same detailed degree of refinement which Freud achieved in studying the relationship of children to parents. This book comes close to the fulfilment of this task.

GUSTAV BYCHOWSKI (NEW YORK)

TOPOGRAPHY AND SYSTEMS IN PSYCHOANALYTIC THEORY. By Merton M. Gill, M.D. New York: International Universities Press, Inc., 1963. 179 pp.

This essay, begun in collaboration with David Rapaport, is similar to their earlier efforts to clarify psychoanalytic theory. It does not attempt to validate psychoanalytic concepts nor does it offer new data for consideration.

Gill seeks theoretically to establish that a separate topographical point of view is no longer necessary. The argument is first, that Freud abandoned topographical systems in favor of structural systems; second, that the relationship of mental contents to consciousness, which is the clinical base for maintaining the topographic point of view, is encompassed by the structural, dynamic, economic, genetic, and adaptive points of view. The documentation is relegated to footnotes to permit the main thread of the very complex argument to be more easily followed. Despite this assistance, the very fact that the argument is exclusively theoretical poses the greatest difficulty for the reader. This essay cannot be read; it must be carefully studied with a prerequisite knowledge of psychoanalytic theory.

A well-organized historical outline of the development of the topographical point of view reveals the limitations which led to the formulation of the structural point of view. This resumé, with Gill's explanatory and interpretative comments, merits the attention and critical examination of all psychoanalysts.

It is possible that some readers will agree with Gill's observation 'that the matter after all is one of definition', but will disagree with his redefinitions and with his conclusions. These will represent a minority since the thesis expressed here accords with other recent

contributions that come to the same conclusions on other than purely theoretical grounds.

Dr. Gill is to be commended for this excellent contribution to a subject in which much work is urgently needed.

WILLIAM S. ROBBINS (PHILADELPHIA)

CHILDHOOD AND SOCIETY. By Erik H. Erikson. Second edition, Revised and enlarged. New York: W. W. Norton & Co., Inc., 1963. 445 pp.

Since its publication in 1950,<sup>1</sup> *Childhood and Society* has become a classic among psychoanalysts, anthropologists, and other behavioral and social scientists. The volume made major contributions to the theory of ego development, and to the application of psychoanalysis to the social sciences. It provided a new dimension to our understanding of the interpenetration of history, group psychology, and psychology; it gave badly needed substance and definition to the concept of national character.

The second edition is a revision 'only . . . to clarify [the author's] original intentions', and to add 'material from the same period of [his] work'. The additions are rewarding, especially the expanded Part Three: The Growth of the Ego. One is again impressed with Erikson's erudition, clinical competence, and wisdom. Where one is inclined to question or disagree, the point is relatively minor—a point on which Erikson would be the first to agree he was speculating and would welcome critical discussion. For instance, he repeatedly used fetishism where the concept of transitional object would be more accurate.

Those who are familiar with the first edition will wish to read the second. To readers of *This QUARTERLY* who are unfamiliar with *Childhood and Society*, Grotjahn's admonition of 1951 is still appropriate: 'Any analyst who misses the study of these pages is . . . negligent of his obligation to inform himself about progress in his field'.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

<sup>1</sup> Reviewed by Martin Grotjahn in *This QUARTERLY*, XX, 1951, pp. 291-293.

OUR ADULT WORLD AND OTHER ESSAYS. By Melanie Klein. New York: Basic Books, Inc., 1963. 121 pp.

*Our Adult World* is a collection of four papers written between 1955 and 1959. Two of them, *Some Reflections on 'The Oresteia'* and *On the Sense of Loneliness*, have not been published before; the latter was extensively edited after Mrs. Klein's death.

The first essay, *Our Adult World and Its Roots in Infancy*, is a condensation of her well-known theories, prepared for an audience of anthropologists. She assumes that the infant has an innate unconscious awareness of the existence of the mother similar to the instinct of young animals who at once turn to the mother for nourishment. In Klein's opinion the ego operates from birth. There is the additional assumption that the superego operates as early as the fifth or sixth month of life. Persecutory anxiety and the splitting of impulses and objects are the primal activities of the ego in the first three to four months of life. This is called the 'paranoid-schizoid position'.

Klein singles out greed and envy as the disturbing influences during this period. In tracing the later development of greed and envy, she concludes that the child's ability to identify himself with his parents and siblings may counteract the destructive forces of these affects. In adulthood and particularly in old age the reverse takes place: by identifying with the young, the old are able without envy to enjoy their children's growth and development. The achievement of such an attitude endows old age with serenity.

In the chapter, *On Identification*, Mrs. Klein briefly summarizing her hypothesis that superego development can be traced back to the earliest stages of infancy, makes the supposition that the roots of 'projective identification' are formed 'during the first three or four months of life (the paranoid-schizoid position) when splitting is at its height and persecutory anxiety predominates'. As an example, she analyzes a novel by Julian Green, *If I Were You*. This story well illustrates the demoniacal character of projective and introjective identifications, as the hero identifies himself with the devil; however, there is nothing in the novel which gives any hint that these processes took place in the third or fourth month of life.

*On the Sense of Loneliness* touches only indirectly on the plight of the isolated person unable to establish or sustain object relation-



ships. Attention rather is directed to an inner sense of loneliness which, according to Klein, springs from the destructive nature of paranoid and depressive anxieties which are derivatives of the infant's psychotic anxieties. As these are never overcome completely, the perfect internal state remains unattainable and the individual is left with a yearning for it throughout his life.

Only during the earliest preverbal state of breastfeeding is there a complete sense of mutual understanding between the unconscious of mother and child. This state can never be recovered so that, even under the best circumstances, the happy relation with the mother and her breast is doomed to disappointment and persecutory anxiety bound to arise with all the conflicts that inevitably lead to inner loneliness. Although there is an urge 'to split into good and bad' from the beginning of life, there is also a drive toward integration which increases with the growth of the ego. To quote Melanie Klein: 'However much integration proceeds, it cannot do away with the feeling that certain components of the self are not available because they are split off and cannot be regained . . . contributing to the feeling that one is not in full possession of one's self, that one does not fully belong to oneself or, therefore, to anybody else. The lost parts too are felt to be lonely.'

In the schizophrenic the excessive use of projective identification and the sense of being surrounded by a hostile world enormously increase the feelings of loneliness.

Of the four essays, *Some Reflections on 'The Oresteia'* is the most interesting. As Freud found his concept of the oedipus complex confirmed in Sophocles' drama, Mrs. Klein links her findings to Aeschylus' trilogy. The poet's presentation of the primitive human drives in undisguised, violent form, his extensive portrayal of negative maternal feelings, became a source of affirmation for her theories of persecutory anxiety, projective identification, and formation of the superego. Hubris and Dike, the two main elements of the Greek tragedy, are equated with greed and envy toward the mother of early childhood and the relentlessly punishing superego of the young child. The Erinyes, belonging to the period of the old barbarous gods—the Furies who pursue Orestes to wreak vengeance on him for murdering his mother—are interpreted as the externalization of his persecutory anxiety.

Whether or not one agrees with Mrs. Klein's interpretations, her

reflections on *The Oresteia* throw new light on the inexhaustible Greek tragedy.

YELA LOWENFELD (NEW YORK)

CULPA Y DEPRESION-ESTUDIO PSICOANALITICO (Guilt and Depression. Psychoanalytic Study). By Leon Grinberg. Buenos Aires: Editorial Paidós, 1963. 247 pp.

This study of guilt and depression, aiming to be comprehensive and profound, ranges in approach from totem and taboo, through myth, religion, and ethics to the structure of the psyche; and from *Æschylus* to Sartre and *Hiroshima Mon Amour*. There is a chapter on mourning in children with brief examples. Throughout the book there is but one case presentation of eight pages. The rest is theoretical formulations with many references to the literature. Kleinian constructions are considered as complementing or as superseding freudian psychoanalysis. Within the first forty pages the words 'basic' and 'deep' appear ten times. Repetition does not make it so, nor does it make it scientific.

The clinical theorizing is illustrated by the following excerpts. '... depressive anxiety is intimately related to guilt, and the sense of reparation . . . these feelings appear with the introjection of an object as a totality . . . [even as early as] the time of the schizoid-paranoid position in the first three months of life . . . therefore [they] are related to partial objects such as the breast, the penis, etc. From a very early age there is a certain degree of synthesis of love and hate in the relation to the partial objects. . . . To understand fully the origin and the nature of the two types of guilt, it is necessary to admit the strong relationship which exists between the persecutory sense of guilt combined with a diffuse death instinct and the depressive sense of guilt and the erotic impulses.'

The book consists mainly of statements unsubstantiated by clinical instances. The classification is in terms of depressive position, paranoid position, schizoid-paranoid position, etc. It can be read simply to clarify one's own ideas.

GABRIEL DE LA VEGA (NEW YORK)

PSYCHOANALYSIS AND HISTORY. Edited by Bruce Mazlish. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1963. 183 pp.

This collection (published in both cloth and paper cover) is part of the increasing attention that the field of the humanities is giving to psychoanalysis. This is a gratifying indication of the reduction of gaps between various areas of learning. There are however frustrations for the native, as the foreign visitor reports at home to his constituents the manners and morals of the country based upon his observations of the particular part of the culture with which he became acquainted.

Professor Mazlish states that historians seeking facts that signal man's motives and conflicts often select events that appeal to generally accepted opinions of human nature and human behavior. In studying man's collective past, they have usually ignored the particular method that psychoanalysis applies to the study of an individual's past.

The first section of the book considers the meaning of history and religion in Freud's thought, totem and taboo in retrospect, Moses and monotheism, Freud and the ambiguity of culture, and Geza Róheim on the evolution of culture. This section is intellectually stimulating but offers many interpretations of Freud's philosophy with which the psychoanalyst will disagree. The second section of the book is largely devoted to psychoanalytic commentaries on historical figures and is less scholarly and of less interest.

William L. Langer's presidential address to the American Historical Association, *The Next Assignment*, is an exciting review of the lasting psychological effect of great events upon peoples, and a plea for psychoanalytic understanding as one of the necessary implements for the historian. In *Personal Identity and Political Ideology* and *Young Man Luther*, Erikson is applauded for the insights that he contributes to political science and history. The question is raised whether psychoanalysis will ultimately be valued less as a means of understanding and altering man than as a means of understanding and changing history.

There is a well-chosen bibliography. This brief collection should serve as an interface resource for both history and psychoanalysis.

EDWARD J. CARROLL (PITTSBURGH)

ADVANCES IN PSYCHOANALYSIS. CONTRIBUTIONS TO KAREN HORNEY'S HOLISTIC APPROACH. Edited by Harold Kelman, M.D. New York: W. W. Norton & Co., Inc., 1964. 255 pp.

It is noteworthy that these 'Advances' in psychoanalysis were written between the years 1945 and 1959. All of the papers by different authors in this series have been published previously. The two papers by Karen Horney that are included again reveal her talent for describing character traits with great realism.

The book has little to do with psychoanalysis. It does demonstrate the bizarre conclusions that can be reached from a false premise. Harold Kelman for instance implies that Freud considered anxiety 'bad' and the goal of therapy to abolish it. For Muriel Ivimey, Freud's concept of constructive forces in the therapeutic process is limited to the patient's rational faculties and to what is called positive transference in his relations with the analyst. To compound the contradictions, Kelman rejects the word 'holistic' in describing anxiety because it is morally and æsthetically 'value-laden'; nevertheless his subtitle for this book is 'Contributions to Karen Horney's Holistic Approach'.

The psychoanalyst will find little in this book worth reading.

MORRIS W. BRODY (PHILADELPHIA)

THREE HUNDRED YEARS OF PSYCHIATRY 1535-1860. A History Presented in Selected English Texts. By Richard Hunter and Ida Macalpine. London: Oxford University Press, 1963. 1107 pp.

This large volume is a welcome and useful addition to our knowledge of the historical development of psychiatry as it slowly and painfully progressed from the essentially medieval teachings of the early Sixteenth Century to its emergence as a specialized discipline at about the time Bleuler, Freud, and Kraepelin were born. The stated purpose of the book is to present original sources in a readable, coherently grouped form designed 'to serve the dual purpose of a sourcebook of psychiatric history aiming at biographical and bibliographical accuracy, and a contribution to clinical psychiatry by providing a record of its problems and growth'.

The authors have assembled a massive collection of extracts and essays from original sources and have arranged them chronologically



by dividing the book into four sections covering the successive centuries indicated in the title. Though such large collections of synoptic extracts are inevitably uneven in quality, significance, and scope, their chronological assemblage as well as the editorial treatment of brief introductory or explanatory notes provide a sensible, coherent pattern for the reader that facilitates his understanding of the ancient documents and adds to his enjoyment of the volume as a whole. Such a reader, to be sure, must have knowledge of historical and cultural developments to appreciate fully the richness of the material offered. But since the selections range from the humorous pathology of Bartholomæus Anglicus ('Melancoly is a humour, boy-stous and thycke, and is bredde of troubled drastes of blode, and has its name of melon—that is black, and colim that is humour, where-upon it is called melancolia . . .') to Isaac Ray's *Treatise on the Medical Jurisprudence of Insanity* (1838) and Sir John Charles Bucknill's *The Psychology of Shakespeare* (1859), each reader will find worthwhile information according to his own cultural, historical background and specific interests. Although much of the material is available elsewhere, to uncover what is offered in this volume by means of a multitude of compact and informative extracts from original articles and books (including many obscure and long-forgotten ones) would require exhaustive research and reading in specialized literature.

Other articles are abstracts of better known works. For instance, *Medical Inquiries* (1812) by Benjamin Rush reveals how this enlightened physician, patriot, philanthropist, reformer, and liberal, who so arduously strove for the improvement of mental institutions, nevertheless used 'the most complete restraining device ever invented by the ingenuity of man', a so-called tranquilizing chair—which in construction and action strikingly resembles some of the contraptions and mechanical devices uncovered by this reviewer some years ago as part of the elder Schreber's armamentarium for rearing his children.

This volume is recommended to all who are concerned with the history of psychiatry, its interrelationships with medicine, religion, government, human error and folly, as well as the fascinating cultural details of the development of psychological, medical, and social progress.

WILLIAM G. NIEDERLAND (NEW YORK)

PRINCIPLES OF PREVENTIVE PSYCHIATRY. By Gerald Caplan, M.D.  
New York: Basic Books, Inc., 1964. 304 pp.

Many practicing psychoanalysts engage part time in community psychiatric services but Caplan is one of few psychoanalysts who has devoted his career to the mental health of the community. His book integrates his rich experience, with the published products of psychoanalytic, sociologic, and other research for the development of a systematic theory and practice of preventive psychiatry. The first of a trilogy, it is a clearly written, modest, pioneer effort, and it merits careful study by all professionals in the field.

In whatever capacity the psychoanalyst serves in a community program, he will find much that is instructive and challenging; there is also much that is admittedly vague and tentative in such areas, not encompassed in psychoanalytic training, as interdisciplinary collaboration, programming, and techniques for disarming community resistances. The most substantial contributions are contained in the two chapters devoted to mental health consultation.

Misgivings arise not from any fundamental disagreement with what is stated but from what this book fails to include. Caplan ignores some important issues which are vital to the progress of mental health in the community, and its optimal utilization of psychoanalysis. The current momentum to introducing measures for the promotion of mental health in public communities was stimulated most dramatically by President Kennedy's historic legislation in 1963. The increase of federal and state subsidies for new community programs poses serious problems that psychoanalysts cannot afford to ignore.

Under the great pressure of community needs for building new facilities, initiating and organizing programs, and recruiting additional workers there is grave danger that high professional standards will be sacrificed. Everyone seems to be aware of the paucity of qualified professional personnel engaged in community work, of the very limited number of students preparing for careers in it, and of the pervasive practice of using community jobs simply as a means to establish a private practice. It is lamentably true that the salaries available for community services are, with few exceptions, far below what is required for professional workers to support families in reasonable comfort. Unless priority is given to providing the salaries

necessary to attract the best qualified workers to community work as a career, the rapid expansion of community programs will result in a progressive attenuation of professional standards and services and in the wasting of human and economic resources that has plagued state hospital systems and much of community psychiatric services until now. It is not that money alone will guarantee high professional standards, but high professional standards cannot be attained and maintained if the inadequacy of salaries is ignored.

The situation requires greater and more perceptive involvement of psychoanalysts in community mental health, particularly in planning and policy making, in establishing and maintaining high standards of personnel recruitment, training, and supervision. If psychoanalysts cannot influence their professional colleagues and fellow citizens to resist the blandishments of fine buildings with attenuated professional standards, who can?

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

LECTURES IN DYNAMIC PSYCHIATRY. Edited by Milton Kurian, M.D. and Morton H. Hand, M.D. New York: International Universities Press, Inc., 1963. 137 pp.

From the clinical-pedagogic intent and survey nature of these nine lectures to the Brooklyn Psychiatric Society it is assumed that the reader will be the psychoanalytically oriented psychiatrist seeking further clarity and insight.

The chief lectures by Sandor Lorand on basic concepts of therapy suffer from the failure of the editors to recognize the validity of the dictum: 'the said, when read, is dead'. The literal transcription from tape leads in print to a lack of organization, wandering syntax, and the discursiveness and ambiguities that are inevitable in informal discourse. The lecturer's wealth of experience and technical competence, however, can with patience be retrieved. His psychotherapy is focused on the ego and his method an interactional-manipulative one. Excellent observations and specific advice regarding the gauging and handling of resistance, regression, and transference can be found among a profusion of not too useful generalizations and probably inescapable oversimplification of theoretical issues. The latter

handicap seems to be one set by the speaker himself in attempting too large a compass for the space allotted him. His virtuosity in applying his six favorite themes of 'thinking, feeling, action, anxiety, aggression, and guilt', to the structural theory and ego psychology cannot be done justice by the printed word.

Ludwig Eidelberg's lecture on obsessional neurosis suffers less by transcription. The author's skill in interweaving clinical observation, theoretical concepts, and technical procedures makes informative reading. His delineation of the concept of the compulsive act as the lesser evil in the oscillation of ambivalent, obsessional doubting; of the confusion of guilt with remorse as a reflection of a confusion between wish and act; of the dynamic difference between the obsessional symptom and the obsessional character trait; these and many other observations are very useful reformulations of classical psychoanalytic concepts. His closing formulations on choice of neurosis as reflecting the interplay between character type (Freud's categories of the erotic, narcissistic, and obsessional), and the libidinal level of regression are engaging, but so oversimplified as to raise questions regarding both their clinical usefulness and reliability.

Lecturing on child psychiatry and the adult personality, Richard Silberstein tries to reconcile controversial differences of opinion in a synthesis of the contributions of current practitioners. The observations of Fries, Greenacre, Erikson, Bowlby, Piaget, Harlow, Hess, and Lorenz are arrayed against the standard complemental nature-nurture concept. The result in general is a very useful alignment of diverse observations into a genetic-dynamic sequence that still gives full recognition to the complexity of the issues. One of his major theoretical propositions strains psychoanalytic and ethologic concepts: making formation of the superego the analogue of imprinting. The 'process of superego formation . . . is a species-specific imprinting process occurring only in humans prior to or coincident with latency as an all-or-none, one time process, like imprinting in animals' (p. 75). This needs far better substantiation than the instances advanced by the author in this presentation.

Irving Bieber takes exception to the signal concept of anxiety as being too narrow a view of a complex biological response to threat. He begins with a comprehensive psychobiological review derived largely from Cannon and Selye, stressing the broad definition of threat as any danger of injury to the self. This conception permits



formulations about psychic stress in terms of anachronistic misconceptions transferentially projected to the present. It is the misperception or misconception of the nature of the threat, rather than the anxiety itself, that constitutes the psychopathologic response. Such misconceptions give rise to acute and chronic anxiety states and defensive adaptations both to the threat and to the anxiety itself. The author enumerates as physiological defenses against anxiety not only the hypothetical innate biochemical mechanism of a tissue-refractory phase but also such diverse processes as sleeping, eating, sucking, and smoking. This seems an oversimplification of quite complex phenomena. The psychological defenses outlined by him give emphasis mainly to avoidance, denial, distortion, and displacement. These defend against both the anxiety response and the threat. The phobic process exemplifies displacement, and defends against sexual, hostile, and masochistic impulses.

William G. Niederland gives a succinct review of Freud's classical formulations of the paranoid states with a critique of the major efforts toward revision and emendation made in recent years. His own well-known research into the pathological aspects of the relationship between Schreber and his sadistic physician-father is drawn upon to emphasize three major points: the element of historical truth that importantly lies behind the paranoid fantasy and delusion; the significance of the inverted oedipal strivings; and the unusual intensity of the trauma of the primal scene. Clinical observation of the etiological influence in paranoia of a defense against unconscious homosexual strivings in actively homosexual patients is a useful contribution to an old controversy. It is regrettable that the author chose only to schematize his recommendations for the analytic therapy of paranoid states as his list of ten principles contains many evocative ideas.

Family diagnosis and treatment, by Nathan Ackerman, is somewhat disappointing to the clinician who hopes to find a useful combination of practice and theory. Not that there is any lack of reference to what the therapist does. One infers that he is very busy; indeed, he is 'active, open, and forthright'. 'In a deep emotional sense he wants to feel touched by the members of the family and they in turn must feel touched by him' (p. 132). He 'pitches in with the family, implementing, from his own being, the psychic elements which are missing in the processes of family interaction.

... He acts as a kind of catalyst or chemical reagent, dissolving the barriers to contact and communication, stirring interactional processes ... shaking up the elements. ...' He 'mobilizes', 'cuts through', 'challenges'; his goals are to help the family more sharply define the real conflict, counteract inappropriate displacements, neutralize irrational prejudices, relieve the excessive load on the family victim, energize dormant interpersonal conflict and make it overt for the purpose of solution and, finally '... activate an improved level of complementation in family role relations' (pp. 134-135). Presumably the therapist who accomplishes all this has a theoretical framework to guide him in handling all the variables. This method '... can be helpful in neuroses, character disorders, psychosomatic conditions, and some of the functional psychoses'. There are no clinical instances to bring the generalization to life, no data to substantiate the broad assertions, no sober appraisal of limitations and possible dangers.

This volume has variety both in content and quality. It will have some appeal and usefulness to the busy clinician hoping to find stray nuggets of high-grade clinical ore, and may stimulate him to prospect closer to the course.

JAMES T. MC LAUGHLIN (PITTSBURGH)

PERSONALITY DYNAMICS AND DEVELOPMENT. By Irving Sarnoff, Ph.D.  
New York: John Wiley & Sons, Inc., 1962. 572 pp.

What a change has taken place in textbooks of psychology in the past forty years! Academic psychology was then presented to college students in texts like Knight Dunlap's *Elements of Scientific Psychology*, essentially an antipsychoanalytic monograph. The general rejection of freudian theory made the study of personality development a sterile pursuit. A student had to go to Freud if he were interested in a psychopathology that had any semblance of theoretical cogency and consistency. This kind of fragmentation, still existent in some universities where the academic experimental antipsychoanalytic departments are at loggerheads with the psychodynamically oriented clinical psychological divisions, is certainly not evident in most modern texts.

Dr. Sarnoff's book, a systematic presentation of psychoanalytic

theory of development with a copious interweaving of concepts from pertinent experimental psychology, theory of learning, sociology, and anthropology, succeeds in offering to undergraduate and graduate college students a synthesis of psychoanalysis and the other behavioral sciences, thus, partially at least, correcting the fragmentation that characterized previous texts.

First delineating the nature of a scientific approach to the study of personality, the author next puts emphasis on social factors insofar as they become elements in ego development. Four chapters are devoted to ego functions and the mechanisms of ego defenses. A shift in emphasis then takes place in the chapters on the superego and guilt where intrapsychic factors yield a bit to the influence of internalized external influences. Chapters on personality development in adulthood and old age are noteworthy as these themes are frequently neglected.

Singular is the omission of David Rapaport's significant contributions as are, indeed, almost all metapsychologic considerations. If this omission is deemed to be didactically appropriate for such a text, it seems nevertheless to be a most serious pedagogic mistake. To be sure, the emphasis of this book is psychodynamic. Curiously, a semantic equation between 'psychodynamic' and 'psychoanalytic' has become commonly accepted; another debatable point.

This book is not for psychoanalysts for whom rigidly systematic texts have no appeal. It is unfortunate that among some psychoanalysts the discursiveness of free association is taken as a model for all types of teaching and that textbooks are generally out of favor; but this textbook is recommended to students whose academic careers have led them to adopt the economy and safety of concise and comprehensive texts.

NORMAN REIDER (SAN FRANCISCO)

SOMATIC AND PSYCHIATRIC ASPECTS OF CHILDHOOD ALLERGIES. Edited by Ernest Harms. New York: Pergamon Press, Inc., 1963. 292 pp.

According to the Editor's Introduction a series of monographs, of which the present volume is the first, is intended to replace the journal, *The Nervous Child*, in the belief that monographs provide greater flexibility as well as more exhaustive treatment of particular

subjects. One hopes that future volumes will give more substantial justification for the project.

Approximately half of this work is devoted to the somatic aspects of allergies. This includes a short chapter on asthma in infancy in which the following statement is made: 'The etiology of asthma in infancy is like that in later life. There is an hereditary tendency, there is exposure to allergen, and often a respiratory infection such as pneumonia, whooping cough, or measles precedes the first attack.' It is striking that in a 'psychiatric' monograph the possibility of an emotional factor in the etiology does not merit even the dignity of refutation. For the rest, these chapters are extended discussions of aspects of etiology and management. This reviewer wonders for whom they are intended. It is hardly likely to be worthwhile reading for the specialist in allergy, and the psychiatrist will not find any statement of principles that can be of help to him.

The psychological aspects of the syndrome represent work done at the Jewish National Home for Asthmatic Children. A much more detailed presentation of the material would certainly have been welcome. The observations from Denver cast considerable doubt on the validity of the frequently postulated relationship between asthma and parental rejection. The data point rather to the possibility that for a considerable percentage of asthmatic children, the nuclear problem is the threat of incorporation into the parent's ego ideal. 'Parentectomy' [*sic*]'—the removal of the child from home for periods up to two years—is the first step in treatment. Apparently this is very frequently successful. Several studies under way seek to analyze these observations. It appears to be possible to segregate patients at Denver into a group of "rapid remitters" who require little or no steroid therapy once they reach the hospital and a smaller group of "steroid" dependent children.' The tentative hypothesis is made that, among those who have frequent remissions, the asthmatic syndrome resembles a psychogenic symptom: ' . . . it is more intimately related in its acquisition and maintenance to the classic function of a psychogenic symptom, namely, anxiety reduction'. Yet another hypothesis being investigated would have those with rapid remissions to be children suffering from 'frustrated independency' wishes, and steroid dependent children from 'frustrated dependency' wishes.



THE PATTERN OF AUSTRALIAN CULTURE. Edited by A. L. McLeod.  
Ithaca: Cornell University Press, 1963. 486 pp.

The 'great Australian emptiness', which refers not merely to the land, is echoed in this collection of essays. The subjects discussed include the social fabric, literature, language, philosophy, science, historiography, law, education, theater, art, music, recreation, and the culture of the aborigines. Each of the contributors is an Australian, by birth or adoption.

Unfortunately, even the two best essays (Baker's, on language, which flirts coyly with obscenity and humor; and Waters', on recreation, with its hesitant recognition of heterosexuality and homosexuality) are marked by an excess of good manners. The interwoven themes of self-abasement and arrogance will not escape the psychoanalytic reader if, in fact, they do not make this book more important than its inadequate survey of Australian culture.

Foreign residents and visitors are impressed by the sincere warmth and friendliness of the average Australian. But they soon note the dullness of social and intellectual life, the heavy-handed censorship of books and films, the passion for gambling (primarily horse races), and the strenuous indulgence in leisure. The national 'inferiority complex' is nurtured by the compulsion to measure Australia against England and the United States (parental nations which are regarded with marked ambivalence); and it finds tedious compensation in the tendency to tout every natural phenomenon and human achievement with the prefatory, if not proprietary, 'Our': 'Our desert', 'Our mountain', 'Our river', 'Our bridge', 'Our harbour', 'Our women', 'Our masculinity' . . . ad infinitum.

Even more striking to the foreigner are the art museums, public libraries, universities, and scientific laboratories which, for budgetary and psychological reasons, exhaust their funds on architectural expenses and become cenotaphs—empty monuments dedicated to pride. Equally striking are the religious schisms which have splintered the majority Labour Party; the deep-seated anti-Catholicism and the morbid aversion to Asiatics; the 'White Australian Policy' and the undisguised sympathy for the racists of South Africa; the capricious treatment of the native peoples, not only by state and federal legislators, but also by the markedly gentle police who are legally defined as the 'Protectors of the Aborigine'. Class differences,

which are immediately detectable in speech and clothing, persist despite the general acceptance of 'socialist' egalitarianism, and they remain unchanged during Labour and Tory governments.

On the basis of personal observation and study, it is this reviewer's opinion that the contemporary Australian is preoccupied with a past that never was and a future that can never be. Long an English colony, whether politically or economically, with its most gifted people being drawn to Europe and more recently to the United States, Australia is now an American protectorate. Understandably, she may prefer to think of herself as an equal partner in a fantasied condominium; but even such casuistry is not too reassuring in a period of crisis. Meanwhile, she relaxes behind the shield of American power—and generally in front of a TV set.

In a deeper sense, Australia is burdened by a dysfunctional ego-ideal. The continent was first settled in 1788 because English convicts could no longer be deported to the rebellious American colonies. From the beginning white Australia, though loyal to England, has hoped to emulate the United States. Ironically, the two countries are roughly similar in size and shape, but not in agricultural potential. Even if the fantasy of a twentyfold increase in population were not mocked by the birth rate and by the self-defeating immigration policy, it is clearly impossible for ecological reasons.

There are also fantasies of the frontier which are re-enforced by American films and TV programs. Yet the present population of ten million is concentrated in a few state capitals, with Australia's degree of urbanization exceeding that of such small and populous islands as Japan and England.

There have been recurring dreams of world power, though even a regional primacy cannot be achieved in southeast Asia. The emergence of Japan during the Russo-Japanese War of 1904-1905 aborted Australia's 'manifest destiny' in the western Pacific and on the mainland of Asia. More recently, her wish to inherit the Dutch territories in the Pacific was frustrated by Indonesia. As elsewhere, the disparity between dream and reality is ascribed to the abysmal incompetence of the nation's diplomats.

It is symptomatic that jet planes traverse the Pacific with cargoes of 'canned Westerns' and 'situational comedies', but no play of Ibsen has yet been produced in Australia by a professional cast. The

new Sydney Opera House is refreshingly modern and, when completed in 1965, will have cost about thirty million dollars. It will probably be the largest and most expensive opera house in the world; and this in a country with limited financial resources and where the national taste in music runs the gamut from Gilbert to Sullivan.

How and why an intelligent and enterprising people, living in a pleasant environment, has become impaled on the horns of so many dilemmas is a question that warrants intensive study. Few, if any, clues will be found in this book.

S. H. POSINSKY (NEW YORK)

THE STATES OF HUMAN CONSCIOUSNESS. By C. Daly King, Ph.D. New Hyde Park, N. Y.: University Books, Inc., 1963. 176 pp.

Dr. King's personal quest for psychological understanding carried him from the Behaviorism of the nineteen twenties to the mystic practices of a Near Eastern cult leader named Gurdjieff. His subsequent experiences (which apparently included derealization) were fortified by readings in ancient Egyptian, Buddhist, and Greek philosophies. He seeks to systematize the results, delineating a series of states of consciousness—sleep, waking, awakeness, and objective consciousness—through the attainment of which 'the differing degrees-of-being of human beings are to be defined objectively'. The author finds correlations between the subjective states of consciousness and the objective neurophysiological condition of the organism. The psychoanalytic frame of reference is not considered.

MARK KANZER (NEW YORK)

INDUSTRIAL CREATIVITY. The Psychology of the Inventor. By Joseph Rossman. New Hyde Park, N. Y.: University Books, Inc., 1964. 252 pp.

Rossman had training as a chemical engineer, is a lawyer, and has a doctorate in psychology. He proves also to be a lucid writer with a style that readily captures the reader's interest.

The material for this book was collected over thirty years ago. Questionnaires were sent to five hundred patent attorneys, and inventors were questioned directly. There are some references to compendiums of recent literature on the attitudes of creative persons, but the basic bibliography is unchanged, the most recent article having been published in 1931. There are no psychoanalytic references.

The study is confined to inventors of devices who have obtained patents. The author believes that if one understands the creative process it may be possible 'to stimulate and develop it'. However, he makes no distinction between invention and the creativity that is not limited to a tangible product. The psychic apparatus of the creative scientist or artist is not necessarily identical with that of the inventor; the interaction of various ego systems may be different from those of the inventor. In fact, the study of scientists often reveals an antithesis between creative fervor and an interest in gadgets. While all invention cannot be equated with gadgeteering, the inventor's interest in a mechanical contrivance is dominant, and this must reflect a significant difference between the ego processes of the inventor and the creative scientist.

The method of investigation used here leads, as one might anticipate, to brief 'profiles' and subjective appraisals. There are many anecdotes about inventors that dwell upon their attitudes about their work, describing as well their idiosyncrasies. From these, the author concludes that first there is the recognition of a need and the formulation of a problem. After all existing techniques of solution have been exhausted, inspiration supervenes. Such conclusions are followed by statistical information that has no bearing on the general discussion. For example, the questionnaires reveal that more than fifty percent of four hundred fifty-two inventors did not confine their creations to their particular fields; their alleged motives for inventing ranged from love of inventing (the most frequent) to laziness. The theoretical discussion includes, among others, gestalt, behavioristic, and 'subconscious' systems. It is inexact, superficial, and unilluminating. The author admits that mental processes can operate below the level of consciousness but to call them 'subconscious' is 'begging the question'. This is the essence of his discussion of unconscious processes.

This book has little to contribute to the psychoanalyst's under-



standing of the creative process. Even though the author approaches the problem from a different frame of reference, one hopes for understanding that extends the perspective beyond the phenomenological.

PETER L. GIOVACCHINI (CHICAGO)

ESSAYS IN ÆSTHETICS. By Jean-Paul Sartre. New York: Philosophical Library, Inc., 1963. 94 pp.

Sartre's individualistic adaptation of the philosophy of existentialism—the view of man as a lonely anguished creature achieving a moment of existence in a chaotic universe—includes some elements of freudian and Marxist teachings and is applied to æsthetics in the present slim volume of essays. Four artists are selected as illustrations.

Tintoretto, to whom half the book is devoted, was a native of Venice, a craftsman who discerned, loved, and told the truth about his city. He was undeniably an opportunist, a cheat, a greedy seeker of commissions for profit—in short, a Venetian. For this reason, he was rejected by his fellow-citizens, while admiration was heaped instead on Titian, a peasant immigrant whose interests were directed exclusively to the service of a fading aristocracy. The rich merchants preferred the illusory image, not the genuine reflection of themselves.

Sartre next considers three moderns, Giacometti, Lapoujade, and Calder. Giacometti, who regards art as 'an absurd activity', wrestles with the problem of representing human beings as isolated from each other both by outer space and inner space. Four of his nude women, seen at a distance, never come nearer to the spectator: they are everlasting symbols of hopeless desire. Men cross a public square during the same time interval but achieve no pattern of relationship to each other. Sartre is moved to comment on lines as affirmations, definitions and confinements of individual existence, exerting impulses of attraction and repulsion and marking the emergence from nothingness into being. He examines the refusal of the eye to accept the existence of gaps in a female figure and portrays the audience as willing dupes and accomplices of the magician-artist in bridging the spaces and receiving as reward a momentary visual satisfaction.

Lapoujade is an artist who strives 'to eliminate chance and give to an infinitely divisible surface the indivisible unity of a whole'. Calder's mobiles swing between rest and movement, between freedom and control. The æsthetic act achieves its purpose by reconstituting an entity that has been shattered. The artist teaches the viewer the lines of optic movement by which the secret is to be discovered. External reality is synthesized with inner reality to conjure up a 'presence' which constitutes the æsthetic experience. The pathway from external space to inner space is 'the quest for and victory of the Absolute'; only when arrived at is control over objects assured. Analytically, the process may be paraphrased to describe the æsthetic situation in which the 'interpretation' of the artist leads from the outer to the inner world with a moment of pleasurable insight as a narcissistic reorganization of the personality takes place.

MARK KANZER (NEW YORK)

**SWEET MADNESS: A STUDY OF HUMOR.** By William F. Fry, Jr. Palo Alto: Pacific Books, Publishers, 1963. 178 pp.

This short book of eight chapters is divided into three sections. In a preface the author accurately evaluates the first two chapters as 'a very general introduction to the subject of humor'. He describes the second section as 'a group of four chapters which have little apparent interrelationship (except that they are all about humor in one way or another)'. Thus the author has allotted more than two thirds of his book to preliminary remarks which are not particularly helpful in the understanding of the last two chapters, 'the *raison d'être* of the book'. The first of these, Background for Theory, indicates by its title that we are still being prepared for his theories on humor, to be found in the last chapter, Humor's Anatomy. Here, finally, Dr. Fry approaches humor from a wide variety of disciplines. It is one example of 'the function of the paradoxes of abstraction in communication' which is also present in 'implicit' communication, mental illness, psychotherapy, and culture. It is a form of play, from which it is differentiated by having a climax—the punchline in jokes. The author views humor as structured in the paradoxes in communication of implicit and explicit as well as the real and the unreal.

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The characteristic quality of this book is its lack of commitment. Not only does the author hesitate to commit himself to presenting his ideas until the last chapter, but when finally he does, his theories remain uncommitted to a main orientation in an anthropological, psychological, linguistic, or philosophical discipline.

PHILIP WEISSMAN (NEW YORK)

## ABSTRACTS

**Bulletin of the Menninger Clinic. XXVI, 1962.**

**Some Aspects of Transference in Dream Research.** Charles R. Keith. Pp. 248-257.

Three paid night workers slept one day a week for six to nine weeks while EEG recordings were continuously examined for the combination of rapid, low voltage activity (Stage 1) and rapid, conjugate eye movements (REM's) occurring after an initial period of sleep. One man in a state of strong positive transference, dreamed the usual three to four times during six to seven hours of sleep and, when awakened near the estimated end of each dream, related a dream twenty-five to twenty-six times. Another produced only one clear-cut dream (EEG criteria) and this was on the sixth night after he was urged to dream. Analysis of the dream, and other material, revealed his intense fear of dreaming about 'unclothed women and murder' as well as his convictions that the EEG machine could detect his 'thoughts'. The third man showed a similar marked reduction in REM-Stage 1 periods and gave many signs of a strong negative transference.

The experimental design made each sleep period a 'first night'; reductions in frequency of dreaming on the first night have been previously reported. The interesting question, not studied here, would be whether this suppression could be maintained over several consecutive sleep periods.

**Repression and Cognitive Style.** Philip S. Holzman. Pp. 273-282.

By 1910, Freud assumed that adult repression occurs largely because a connection is established 'between what has already been repressed [in childhood] and what is to be repressed'. A strong tendency to use the defense of repression would imply, perhaps, a strong predilection to fuse memory traces with one another—what the cognitive style investigators at Topeka would call 'assimilative interaction'. This group has previously demonstrated that the tendency to fuse memory traces indiscriminately exists as a stable, enduring style of thinking in many people. It is called 'leveling', in contrast to an opposite style, 'sharpening', in which the tendency is to remember clearly, without contaminations. Ten extreme levelers and ten extreme sharpeners were selected by appropriate means. Independently another group of workers used Rorschach protocols of these same twenty subjects and selected six from the group who appeared to rely 'primarily upon repression'. All six turned out to be extreme levelers. Holzman suggests that the 'most plausible' explanation is that the process of repression 'makes use of leveling dynamics', i.e., that the cognitive style of fusing memory traces indiscriminately can be used to eliminate memory traces by 'assimilation' with already repressed memory traces.

HARTVIG DAHL



Bulletin of the Menninger Clinic. XXVII, 1963.

**How Attention Influences What Is Perceived: Some Experimental Evidence.**

John F. Santos; Bobby J. Farrow; James R. Haines. Pp. 3-14.

These experiments attempt to explore the mechanics of the minute factors which govern the deployment of attention—a matter of central importance in analytic theory. For example: A Necker Cube is a line drawing of a three dimensional cube which can be modified in such a way that an observer will tend to see the cube as facing at an angle to the left and up, or to the right and down. A balanced cube is drawn with all lines equally black so that it is as easily seen facing left as right. If one presents to an observer the pictures of the modified cubes alternately with the balanced cube and if one says things like: 'that's fine,' 'good,' and 'Uh huh', while at the same time presenting the left-facing cube, the observer will also, and increasingly, tend to see the balanced cube as facing to the left. The intriguing finding is that if one repeats the procedure as before, but shows the balanced cube for only .001 second, there is much less tendency to guess that the balanced cube faces left. The brief exposure permits no scanning movements (attending to first one face of the cube and then another), whereas the longer exposures do. Thus, when the stimulus lends itself to skewing, the scanning movements tend to repeat the paths followed during the exposure to the modified picture. In other words, the plausible conclusion is that when the words of encouragement work (i.e., when they reinforce a particular perception) they appear to facilitate pathways which are used in paying attention to the stimulus; when these pathways serve no purpose (because of the brief exposure) and presumably are not used, the rewards have little effect.

**The Defensive Aspects of Impulsivity.** Irving Kaufman. Pp. 24-32.

Ten years of work with over two thousand juvenile delinquents has led Kaufman and his associates to view certain impulsive acts as serving not only to discharge disguised wishes arising from preœdipal fixations, but also to defend against anxiety. Thus, actions such as running away from home, stealing, promiscuity, assaults, arson, and even murder are seen as symptomatic acts, discharging impulses which, if not discharged, would arouse uncontrolled anxiety—anxiety springing from fear of separation or annihilation rather than fear of castration.

The 'impulse-ridden character disorder' type of child usually suffered much real trauma from parents who were often alcoholic or promiscuous, had frequent violent fights, and inflicted repeated separations and losses on the child. Regardless of socioeconomic level, racial or ethnic background, the character structures show 'little or no evidence of an internalized superego'. The body image is often like that of patients with an agitated depression, i.e., these children feel 'empty' or 'hollowed out'. Girls may try to rid themselves of this feeling by getting pregnant. Boys may run away from home to express the suicidal fantasy, 'You'll be sorry when I'm gone'. Another group, most often schizophrenic, tends to commit the more destructive crimes of arson and murder. Those

children who committed murders were handling their fears of being annihilated. . . . They tended to feel a remarkable sense of relief following their murderous attack and showed no guilt or remorse over what they had done.'

**Credo for a 'Clinical Psychologist': A Personal Reflection.** George S. Klein. Pp. 61-73.

It is refreshing and encouraging to observe in one person the rare combination of skills and interests which the field of analysis needs at this stage in its development. Dr. Klein is an experimental psychologist who nonetheless has an abiding interest (and one feel's sure, talent) in clinical phenomena and who understands not only analytic theory but analysis as a therapeutic art. Although his 'credo' is addressed to fellow psychologists it could stand quite as well for analysts who are also interested in experimental matters. The real attitude expressed here—'the naturalist's love of phenomena and of their investigation'—is pretty close to the true analytic attitude.

**Regression as a Principle in Mental Development.** Anna Freud. Pp. 126-139.

This is a superb and highly condensed summary of the role of regression in child development. After stating that '*temporal* regression happens in regard to aim-directed impulses, object representations, and fantasy content: [and] *topographical* and *formal* regression in the ego functions, the secondary thought processes, and the reality principle', Miss Freud reviews drive and libidinal regressions and reminds us of the importance of considering all three forms of sexual regression, i.e., of *object*, *aim*, and *method of discharge*, as well as the 'scope and significance of the regressive movement. . . .'. She then makes a vital distinction: drives regress to points of drive-fixation, but 'we have to guard against the almost automatic mistake to view the regressive processes on the side of the ego and superego in corresponding terms. While the former are determined . . . by the stubborn adhesion of the drives to all objects and positions which have ever yielded satisfaction, no characteristics of this kind play a part in ego regression. . . . There is one distinguishing characteristic of ego regressions to be noted, irrespective of the various causative factors . . . the retrograde moves on the ego scale do not lead back to previously established fixation points. Instead, they retrace the way, step by step, along the line which had been pursued during the forward course. This is borne out by the clinical finding that in ego regression it is invariably the most recent achievement which is lost first.'

After outlining the normal uses of regression in development the author says: 'It happens just as often . . . that regressions, once embarked on, become permanent; the drive-energies then remain deflected from their age-adequate aims, and ego or superego functions remain impaired, so that . . . regression . . . becomes a pathogenic agent'. She knows of no criteria for clinically appraising whether 'the dangerous step from temporary to permanent regression has been taken already or whether spontaneous re-instatement . . . can be expected'. The fact that development progresses toward maturity at different speeds, and that 'the unevennesses . . . are due to regressions of the different elements of the

structure and of their combinations', makes it easier to understand 'why there is so much deviation from straightforward growth, and from the average picture of a hypothetically "normal" child'.

HARTVIG DAHL

**Psychoanalytic Review. L, 1963.**

**Artist and Psychoanalyst.** Hermann Hesse. Pp. 355-360.

**Hesse and Jung: Two Newly Recovered Letters.** Benjamin Nelson. Pp. 361-366.

The article by Hesse, the German poet-novelist, pays tribute to psychoanalysis but also expresses doubt about the utility of this psychology to the artist. He states that Otto Rank was the first to discover a pre-freudian description of the unconscious in Schiller's letter to Körner. In the newly recovered letters, Hesse states that the works of Jung did not make as strong an impression on him as did the works of Freud.

**The Psychological Revolution and The Writer's Life-View.** Paul Goodman. Pp. 367-374.

This is a brief but profound expression of the relationship of psychoanalysis and literature. Goodman maintains that the meaning of literary works is best explored by literary criticisms and not by psychoanalysis except to explain something that the writer is avoiding. He values as literature the truly freudian case histories but not the existential ones which impose a theory onto the plot. However, he does not appear to be familiar with the final evolution of the technique of free association.

**The Thinking of the Body.** Kenneth Burke. Pp. 375-413.

This lengthy and erudite article documents the interchangeability of the various body areas alluded to in the works of Lewis Carroll, Wagner, Flaubert, Aeschylus, and the author's own poems. Burke describes the anal-oral reversibility in Alice in Wonderland, and suggests that the 'first wrong' in the Ring legend of Wagner is playing with feces (gold) by the mist-people, which led to the eventual downfall of the gods. In both Wagner and Flaubert, power is linked to anality. Freud is quoted in regard to the Promethean myth being understood as the extinguishing of sexual fire. The author adds that the myth also has to do with the injunction against urinating in or on sacred places or on dead bodies. By using the device of reading with a double *entendre* in mind, he sees the 'pure' poetry of Mallarmé as continually concerned with euphemisms for the modes of bodily catharsis. Burke discovered in hindsight that one of his own sonnets on Atlantis had the fecal imagery that he became aware of in other authors.

Burke compares, as others have done, Freud's stress upon the 'wishes' of the unconscious to the philosophy of Schopenhauer about the Will, and demonstrates that Schopenhauer explicitly equated life with sexual and nutritive appetites and death with bodily excretion. He suggests that the death instinct be renamed the 'excretion instinct'.

**Free Association in 423 B.C.** Sidney Halpern. Pp. 414-436.

423 B.C. refers to *The Clouds* by Aristophanes, a burlesque of the school of Socrates in which Socrates and the Greek chorus instruct the pupil on the couch to express freely whatever comes to consciousness. The analyst, Socrates, who never published so far as we know, was far less tenacious than Freud in the search for truth in this story. The account by Aristophanes is of a presumed encounter between Socrates and a spendthrift youth which ends after the first interview with the dismissal of the pleasure-bent young man. Halpern reviews the description by Jones of Freud abandoning hypnosis in order to 'concentrate' on his 'psychical analysis'. Finally Freud 'took the hint' of Elizabeth von R and permitted her to ramble freely without interruption. He gradually abandoned touching the patient on the forehead and finally allowed her to open her eyes. Thus the technique of free association evolved over a period of some years.

**Orestes: Paradigm Hero of Contemporary Ego Psychology.** Herbert Fingarette. Pp. 437-461.

The author attempts to give the story of Orestes a place equal to the story of Oedipus in psychoanalysis, not merely to regard it as a 'homosexual variant'. Whereas the Oedipus theme enabled Freud to gain insight into the instinctual drives, the story of Orestes provides insight into the ego and superego and is thus pertinent to ego psychology. The Oedipal role of the son is projected onto a substitute in the Orestes story, the weak and effeminate Aegisthus. Vengeance exacted by double murder, Orestes goes into exile from which he emerges years later to face trial in Athens with 'holy lips and pure words'. At his trial he has the gods, Apollo and Athena, to testify for him and after lengthy prayers is purified and accepted back into the community. Fingarette quotes from Henry Miller to show that some murder is justified and that to murder in full consciousness of the enormity of the crime is an act of liberation. But, in Orestes, he overlooks the extensive use of denial, religious and dramatic illusion, and the invoking of the gods, which contrasts with the more earthy realism of Oedipus. This might account for the Orestes story being more popular with those who are primarily interested in denial and in illusion than in psychoanalysis.

**D. H. Lawrence's Great Circle.** Daniel Weiss. Pp. 462-488.

The author attempts to prove, as others have, that there is a theme throughout the works of D.H. Lawrence that corresponds closely with the facts of his life and personality. Weiss cites passages from nine of his works, gives a few biographical details of Lawrence, and describes the recurrent 'triangle' theme of two men and a woman. There is always a younger and an older man and the two compete for the woman who, when approached sexually, invariably becomes a castration threat. In some of Lawrence's stories the action leads to murder of one of the men, in others to a reconciliation between the men, leaving the woman alone. The homosexual conflict may be entirely in the form of cruelty or thinly disguised sexualized physical assault, or it may turn into an obsessional state with the man incapacitated by anxiety as he gets close to coitus with the woman.



D.H. Lawrence was notorious for frankness about sexuality and cited the evils resulting from repression, but he rejected the psychological formulations of Freud and Jung. He was interested in 'blood consciousness' and not 'cerebral' or 'mental consciousness', and Weiss claims that this 'mental consciousness' is what Lawrence meant by the 'grey disease'. The author neglects to mention the fact that the 'grey disease' also referred to anthrosilicosis, with its copious grey sputum, often associated with tuberculosis in coal miners, from which both Lawrence and his father suffered. Also he does not mention the possibility that this disease of coal miners might account for Lawrence's frequent mentions of drinking, the neck and throat, respiration, and strangulation murder. Lawrence escaped the career of coal miner by becoming a teacher, like his mother, and then a writer who seemed to have a 'spiritual pipeline' to certain kinds of women, but he did not escape the tuberculosis from which he died at forty-five.

**The Case of William Blake.** James Bentley Taylor. Pp. 489-504.

In addition to Kris' formulation of art as regression in the service of the ego, Taylor contends that Blake's ego used art to control the forces of regression. He doubts that severe pathology always affects the works of the artist adversely. He avoids declaring Blake either mad or not mad, but uses the term schizophrenia so often that the reader is led to believe that Blake was mad but in an attractive way.

**Sartre, Genêt, and Freud.** Benjamin Nelson. Pp. 505-521.

By inserting Freud into this discussion Nelson tries to give substance to a very tenuous thesis: 1, that the unidentified antagonist of the author (Sartre) of 'Saint Genêt' is Freud, and 2, that the work which cries out to be considered with 'Saint Genêt' is Freud's study of Schreber. The author assumes that Sartre should have an understanding of homosexuality based on the Schreber case that can be used in understanding the homosexuality of Genêt. He notes that not once in Sartre's torrent of words does he mention Freud or Freud's writings, and that Sartre is as little interested in the theory of the unconscious as he is in the roots of homosexuality. The same can be said of Genêt; hence the abstracter asks why there should be any effort to compare the two with Freud.

**Psychosomatic Concepts in Psychoanalytic Education.** E. D. Wittkower and Johann Aufreiter. Pp. 557-572.

This paper is divided into two parts, one describing the course of psychoanalytic theory in psychosomatic medicine, and the other describing the teaching of these theories in psychoanalytic institutes. The authors' evident goal is to further this teaching because there has been a 'certain disenchantment'. Problems have arisen which have to do with thwarted theoretical hopes, disappointing treatment results, and a cleavage between psychoanalysts and other physicians. The article considers these problems from the standpoint of the analyst and does not refer to the feelings and experiences that other physicians have had in their encounters with analysts. The analyst is encouraged to abandon his isolation and join in a multidisciplinary approach to psychosomatic illness.

**Psychotherapeutic Problems in Eating Disorders.** Hilde Bruch. Pp. 573-587.

In dealing with patients who have eating disorders, Bruch stresses that it is important for the therapist to stay with the facts and avoid intellectualized interpretations. The case of an anorexic man is described with many statements which can easily be used as a guide on what to say to the patient and the family. Fat people 'eat' interpretations which do not become their own and thus duplicate what happened with the mother who 'always knew how I felt'. The author then discusses the more controversial subject of schizophrenia, which she defines not by Bleuler's criteria but by its cardinal symptoms of disturbances of body image, passivity, and lack of volition. To support her comparison of obesity with what she calls schizophrenia she cites Piaget, Bateson, and Harlow. She emphasizes evidence from studies which show the severe intrafamilial conflicts in patients who have eating disorders and asserts that this makes them like schizophrenic patients.

**Internalized Objects in Paranoid Schizophrenia and Manic-Depressive States.** Eduardo Weiss. Pp. 588-605.

This paper, primarily concerned with identification, has sparse clinical material but a great deal of finely detailed theory. True identification consists of simultaneous imitation, ego investment or 'egotization', and 'de-egotization' of an ego state. Several references are made to childhood development and infancy but again they are more in the nature of theoretical construct than clinical observation.

**Backward Fixation, Forward Fixation, and Neurotic Acting Out.** Fred S. Friedenburg. Pp. 604-610.

The author describes a connection between the first memory reported by a patient and the patient's response when asked to state his goal in life. He cites six cases with interesting and convincing material and concludes that not only is there a connection but that the memory plus the life plan portray an area of arrested development that corresponds to the latency period in the patient. This determines the future behavior of the patient. Besides this useful clinical observation, a mystical-philosophical section of the paper attempts to link this observation with racial unconscious, phylogeny, and evolution.

**The Toxoid Response.** Hyman Spotnitz. Pp. 611-624.

The title of this article refers to the use of the metaphors of immunology in describing the deliberate verbalization of countertransference feelings to the severely narcissistic patient in analysis. Freud's pessimistic views about the treatment of such patients are related to his unwillingness to verbalize his own negative feelings to the patient. The author is aware of the danger of contamination of the analysis by an incorrect statement but states it is useful for the analyst to express those negative feelings that have been induced in him by the patient. Four cases are described in which the analyst expressed his anger to the patient with beneficial results. The fourth case, supervised by the author, was one in which the patient, in effect, was given permission to commit suicide, albeit in the form of a question, and the student analyst was able to work this

out in her own personal analysis. Spotnitz is careful to distinguish between those expressions of anger which are inadvertent and those which are 'consciously allotted', to use Freud's term.

**Features of Orality in an Hysterical Character.** McClain Johnston. Pp. 663-681.

Johnston describes a patient in analysis for three and a half years. The focus is on the oral material and the purpose is to re-enforce the emphasis placed by previous authors, notably Marmor, on the oral determinants of the hysterical character. Two aspects of this particular patient do not fit well into the usual definition of hysterical character: her masochistic sexual relationship, with three abortions, leading finally to her slashing her wrists and a rather severe eating disorder.

No reference is made to the study of Chodoff and Lyons, in which the hysterical character is described in a definitive way. The search for the determinants of the hysterical character hopefully will be solved when longitudinal life studies, beginning with direct infant observation, are available. Until then we must seek to learn what we can from the analysis of adults.

**LSD and the Creative Experience.** Murray Korngold. Pp. 682-685.

This paper consists of very brief accounts by a dozen people, described only by their assorted ages and occupations, who testify to their LSD experiences. The reports show the passivity, and the elation and grandiosity. There is no mention of the terror reported by other authors. Korngold emphasizes the awe and strangeness of the experience and tries to correlate the LSD intoxication with creativity and the nature of art and poetry. He evidently places a value on 'wrenching the subject loose from his well-established conceptual moorings' without specifying for which people the wrenching might be of benefit and for which destructive.

STEWART R. SMITH

*American Journal of Psychiatry.* CXIX, 1963.

**Intrafamilial Determinants of Divergent Sexual Behavior in Twins.** Alvin M. Mesnikoff; John D. Rainer; Lawrence C. Kolb; Arthur C. Carr. Pp. 732-738.

Twin study is extended to include intrafamilial dynamics apparently leading to the choice of homosexuality or heterosexuality in twins. Four sets of twins are studied. Of these, two cases, not of the same pair, were in psychoanalysis; the remainder were in psychotherapy. Factors such as the prenatal fantasies of the parents regarding the sex of the twin, difficulties in childbirth, naming, anatomical differences, and the father's position in the family lead to a preference of one of the pair by one parent and the other child by the other parent. Effects on subsequent oedipal outcome and object choice are discussed.

**Studies on the Psychopathology of Sleep and Dreams.** Charles Fisher and William C. Dement. Pp. 1160-1168.

The authors continue their studies of electroencephalography and the dream and attempt to integrate their findings with psychoanalytic theory. They point

out that dreaming appears to be primarily a visual sensory experience, continuous through EEG Stage I. They postulate that intensive 'dream deprivation' may result in a 'dream deficit' leading to an intensification of the pressure of instinctual drives toward discharge in the nondreaming state and psychotic symptomatology. They propose that 'the total dream level . . . on any given night is the outcome of the balance between the pressure of instinctual drives toward discharge and the adequacy of the defensive and controlling functions of the ego'. The authors suggest that dreaming sleep is different from nondreaming sleep. A possible neurophysiological correlate is described.

LAURENCE LOEB

**Archives of General Psychiatry. IX, 1963.**

**Self-Esteem and Adaptation.** Roy R. Grinker, Jr. Pp. 414-418.

Grinker views self-esteem as an ego function with an adaptive purpose. He calls attention particularly to patients who tenaciously hold onto the low self-esteem that was required unconsciously by a parent. Thus the low self-esteem is the only way such a patient can hold onto a love object, leading in therapy to a negative therapeutic reaction.

**Family Myth and Homeostasis.** Antonio J. Ferreira. Pp. 457-463.

The author calls attention to family myths about individual roles, such as the happy one or the sickly one, that are maintained stoutly in the face of reality. The myth serves the family relationships in the same way as defense mechanisms do the individual.

**Infantile Rumination.** Donald T. Fullerton. Pp. 593-600.

The case of a seven-month-old adopted male infant is presented. The author reviews the literature and points to the psychodynamic factors in the infant-mother relationship in cases of infantile rumination.

KENNETH RUBIN

**American Journal of Orthopsychiatry. XXXIII, 1963.**

**Follow-up of Children With Atypical Development (Infantile Psychosis).** Janet L. Brown. Pp. 855-861.

This brief but important paper, for the most part statistical, reviews the current status of one hundred twenty-nine of the one hundred thirty-six children over nine years old who had been diagnosed during the preschool years as having atypical development by the James Jackson Putnam Center. Over fifty-four percent functioned within society, though few of them appeared symptom free, even to the casual observer. About fifty-nine percent of the children seemed to be absorbing enough formal learning to function as adults in society; thirty-six percent were receiving their schooling through normal educational channels with the majority of the remainder in schools for the retarded rather than the disturbed.

Factors affecting outcome were also investigated. The outlook for these children is one of 'moderate optimism', particularly for those 'pure cases' not com-



plicated by obvious neurological or physical handicaps or by grossly abnormal EEGs. The results do not permit definitive statements about the value of out-patient psychotherapy.

**The Opening Gambit in Psychotherapeutic Work With Psychotic Adolescents.** Rudolf Ekstein. Pp. 862-871.

Illustrative case material documents the initiation of the psychotherapeutic process with psychotic adolescents. An attempt is made to relate the opening movements of the psychotherapist to predictive assumptions (derived from the psychiatric work-up) about the adolescent's opening movements in therapy and the psychotherapist's strategy. (Author's Abstract.)

**Youth and Social Action. I. Perspectives on the Student Sit-in Movement.** Jacob R. Fishman and Fredric Solomon. Pp. 872-882.

In this first in a series of studies of adolescent or student participation in desegregation activities, the authors focus primarily on the motivations of Negro students. These are considered from a psychosocial point of view involving cultural factors, particularly the emergence of a new Negro social character, and developmental phase aspects of late adolescence, including identity formation. A new concept, 'prosocial acting out' is discussed in relation to the authors' observation.

PHILIP SPIELMAN

**British Journal of Medical Psychology.** XXXVI, 1963.

**Psychogenesis in Asthma.** J. E. Weblin. Pp. 211-226.

This paper is a scholarly survey of psychological factors in bronchial asthma, and includes an extensive bibliography comprising sixty-three papers. The need for a unified theory for allergic and emotional factors is recognized. The possibility of a learning process is considered with tentative mechanisms being outlined to link together emotional conflict, allergic reactivity, and disturbed respiration. Conjoint family therapy is suggested as a new approach which might help shed light on several of the areas involved in an over-all understanding of psychogenesis in asthma.

**Group Identification Under Conditions of External Danger.** Irving L. Janis. Pp. 227-238.

The author's formulations and illustrations concerning group identification are based on studies of surgical patients and wartime danger situations. He applies his hypotheses to face-to-face groups where there is a common source of external stress. Transference to the group leader, with partial regression, the establishment of dependency, infantile love and hate with overestimation of the power of the surrogate, is derived from Freud's 1922 monograph.

Janis also applies his hypotheses to delinquent behavior through a series of mechanisms based upon 'sharing the guilt', sharing of common fears, and heightened cathexis of the group which results from mourning for lost members. The same psychological processes seen in extreme form in combat groups

may occur in groups of factory workers, white-collar workers, or professional men when they are facing external dangers of financial insecurity or social censure.

**Some Psychoanalytic Observations on Anorexia Nervosa.** Helmut Thomae. Pp. 239-248.

This article comprises a historical, descriptive survey of anorexia nervosa and restates psychodynamic principles. Thomae describes the methods of treatment of a large series of cases. The aim is to engage the patient in psychoanalysis or psychoanalytically oriented psychotherapy. Of a total of thirty cases, nineteen accepted therapy and half of these improved or recovered. The author concludes that psychoanalytic psychotherapy has a more favorable influence than all other therapies.

**Untreating—Its Necessity in the Therapy of Certain Schizophrenic Patients.** Joseph D. Lichtenberg. Pp. 311-318.

The author's premise is that clarifying an interpretive verbal interchange sometimes becomes, from the patient's point of view, a weapon used to increase his narcissistic mortification. The result of this wounding is that other means of therapeutic approach become necessary. A stalemate in therapy requires 'untreating' to overcome the patient's distrust and regression. The therapist must find a way to spend time with the patient in active, informal communication. A spontaneous sharing of interest and opinions in a subject unrelated to the patient's illness or therapy may serve as a re-entry point to the therapeutic relationship.

**Pathological Identifications.** Albert M. Honig. Pp. 331-340.

Basing his ideas on his work with psychotic patients and the use of direct analysis, the author attempts to explain the therapeutic process through the mechanism of replacing pathological identifications with healthy, mature ones with the therapist. Clinical examples are used, most of which illustrate the use of oral interpretations in accordance with the Rosen technique.

HERMAN HIRSH

**Revue Française de Psychanalyse.** XXVI, 1962.

**Symposium on Interpretations in Psychoanalytic Therapy.** S. Lebovici, et al. Pp. 5-66.

This symposium, conducted by members of the Psychoanalytic Society of Paris, is divided into two parts: the first, reconstructions in psychoanalysis; the second, the effects of interpretations in analytic therapy. In his introduction Lebovici presents a brief, systematic survey of explanatory statements, from Freud to Ernst Kris, on the theoretical and technical aspects of reconstructions; their nature, content, and role in psychoanalysis. Reconstructions, though essential in psychoanalytic therapy, can become monotonous, mechanical, and stereotyped at the expense of their effective use in undoing pathological consequences of traumatic events, or fantasied equivalents, in the life history of the

individual. The analyst must remain alert to the infinite variety of alterations in ego functioning resulting from pathogenic experiences of childhood as these find expression in the transference and the therapeutic relationship.

The second part of the discussion, the effects of interpretations in psychoanalytic therapy, deals with the attempts of various authors to arrive at a set of valid, workable criteria, embracing both theory and technique. These include content, timing, nonverbal interventions, contextual relevance to the transference, as well as those elements pertaining to the analyst, such as his personal analysis, experience, attitudes, style, and countertransference. Considering the multiplicity of the factors converging in the exact and effective interpretation, only infrequently does an interpretation fulfil all the requirements necessary for effecting changes leading to authentic cure.

**Regression, Perversion, and Neurosis.** F. Pasche. Pp. 161-178.

Freud's careful attention to clarity of terminology is contrasted with present tendencies toward vagueness in the use of the term regression. Pasche undertakes a critical evaluation of the concept, and emphasizes the theoretical and clinical importance of distinguishing between temporal and topographical, complete or incomplete regression. Sexual perversions, sleep, coital orgasm, and the primary experiences of artistic creativity are examples of 'perfect' (complete) temporal regression; all other instances of regression are categorized as incomplete and complicated by heterogenous elements from various developmental sequences, as well as their antero- and retrogressive elaborations.

JOHN DONADEO

**Revue Française de Psychanalyse.** XXVII, 1963.

**On the Metapsychology of Silence.** (Dedicated to the Memory of Maurice Bouvet.) Robert Barande. Pp. 53-115.

After tracing the historical development of the concept of silence in psychoanalytic treatment, Barande presents a methodological framework for the explication of its metapsychology. He stresses the importance of early fantasies regarding whole- and part-object relations and their vicissitudes, as well as their phase-specific role in personality development. Through the use of clinical material he attempts to establish specific connections between silences and their determinants in fantasies regarding the phallic mother, and the phallic-narcissistic investment of language. Implications for technique regarding the silences of both analyst and analysand are drawn.

**A Variant of Phallic Narcissism.** Andre Green. Pp. 117-184.

The analysis of a writer is presented to demonstrate a particular defensive function served by literary creativity. At the behest of the ego ideal and the superego, libidinal and aggressive aims toward the parental objects are renounced, and object libido is transformed into narcissistic libido and invested in phallic representations of language and writing. The defense proves unsuccessful, however, in achieving mastery over castration anxiety.

JOHN DONADEO

## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 17, 1964. A CYCLE OF PENILE ERECTION SYNCHRONOUS WITH DREAMING SLEEP.  
Charles Fisher, M.D.

Previous studies of the dream-sleep cycle have shown that there are regularly recurring periods of sleep which are physiologically different and show a characteristic EEG pattern, together with bursts of synchronous, rapid vertical and horizontal eye movements (REMs). This physiological pattern is highly correlated with the sleeper's recall of dream experiences. In the present study, Fisher investigates the temporal correlation between the REM stages of dreaming sleep and the cycle of penile erection during sleep reported some twenty years ago by German investigators.

He found that erections were associated with a high percentage (ninety-four) of REM sleep periods by all of the measuring methods used. There were only four instances of no erection and three of these occurred during the first REM period which is often brief and unstable. In general, the erections began and ended in close temporal relationship to the onset and termination of the REM periods. Thus, Fisher confirmed the existence of a cycle of nocturnal erections and showed that they are coextensive with the REM periods, and, therefore, presumably with dreaming.

Dreaming sleep constitutes a special organismic state considered to be qualitatively a different form of sleep, ontogenetically early and phylogenetically old. It is a state of marked fluctuating physiological activation which approaches that of the awake organism in a state of alertness. It has also been found that similar physiological changes (including more diffuse body movement and erection that accompany dreaming sleep in the adult) are present in the neonate at a time when it is improbable that dreaming is taking place because psychic structure has not yet developed. The author concludes that there is no doubt that in the alternating stages of REM dreaming and non-REM sleep, we are dealing with an important biological cycle, and that the physiological processes described antedate the psychological process of dreaming. In an as yet unexplained manner, the physiological processes are taken over for the purpose of visual dreaming, perhaps around the third to sixth month of life, although dreaming in nonvisual modalities may occur even earlier. Fisher suggests that dreaming as a psychic event cannot occur until the emergence of the wish, in Schur's terms, that is, until psychic structure formation advances to the point of memory-trace development (mental representations) of sufficient stability that traces of past events can be aroused to hallucinatory intensity during dreaming sleep.

Wolfe has recently observed motor patterns in sleeping infants which seem to be similar to the REM and non-REM sleep in adults, and has postulated the existence of a central and displaceable neural energy, spontaneously generated by the central nervous system which discharges through these patterns. Fisher



suggests that the alternating REM and non-REM periods which characterize sleep may represent alternating periods of energy discharge and build-up of the same type. The original neonatal physiological drive discharge is in part replaced by instinctual drive discharge through the psychological process of dreaming when psychic structure develops. In infant studies the described motor patterns seem to diminish, and this is correlated with replacement of physiological by psychological processes. However, certain discharge patterns, such as the fluctuating respiratory and cardiovascular changes and erections, persist during REM sleep throughout life. Fisher concludes that erection in the neonate is part of a physiological discharge pattern which is prelibidinal in nature. To a considerable degree, it persists at this physiological level into adult life, independent of specific dream content but part of the general physiological activation that accompanies dreaming. Referring to the lack of specificity of the drive involved, the author points out that Halverson has demonstrated that when infant males are disturbed in their sucking, they develop erection, and that, in general, Wolfe's findings show a ready substitutability of one motor discharge pattern for another. Also, especially in infants, children, and monkeys, a good deal of erectile activity occurs in nonsexual situations or in response to nonsexual stimuli.

In considering the interaction between erection and dream content, Fisher suggests several possibilities: 1, erections can determine dream content, indicating physiological or psychic stimulation; 2, dream content can influence erections by inhibiting their appearance or causing an already established erection to undergo detumescence, which would be consistent with the fact that erections are present in all dreaming and that their primary origin is physiological; 3, much of the erectile activity during dreaming may not be related to specific dream content and the physiological aspect of the erection may be primary to any psychic influence; 4, erection, as a physiological phenomenon, may not only be unrelated to dream content, but sexual dreams may occur in the absence of erection; instinctual drive discharge and the psychic organization that subserves it, may have a certain autonomy from the underlying physiological drive processes, as evidenced for example by the fact that quadriplegics without genital sensations have dreams with orgasm.

In conclusion, Fisher considers alternative explanations. Both the erections and the hallucinatory dream itself may be activated by unneutralized mobile energy of the sexual instinctual drive, or the erections may be the result of discharge of both aggressive and sexual drive energy, including pregenital discharge due to the marked activation of the pontile limbic system of the brain during dreaming sleep.

DISCUSSION: Dr. Sylvia Brody, from observations of infants in the second to the fourth day of life, has not observed erections during regular or quiescent sleep, but has observed them, along with other motor discharge patterns, during the irregular or REM period of sleep. The erections, however, were evanescent and difficult to evaluate. She felt it was auto-erotic tension which was discharged, indicating a link between vital functions and instinctual drives. She pointed out that the capacity for kinesthetic, auditory, and visual sensation is

present in the neonate. In addition, she believes that memory traces may be laid down in the first days of life, and that consequently elements of psychic structure may exist at this early period. Hence, dreams in the sense of wishes involving the memory traces of sensations may reach hallucinatory intensity, perhaps in other than the visual modality in the neonate. She disagreed with Fisher's formulation that the energy involved should be considered prelibidinal.

Dr. Max Schur pointed out that the infant is born with certain apparatuses for functioning, but without psychic structure. If the concept of the undifferentiated stage is to be taken seriously, one must consider that there is a development in the id from a biophysiological stage involving needs and need-satisfaction to a psychological one involving drives and wishes. One cannot speak of drives before the wish is present, and the wish requires the presence of psychic structure, that is, of memory traces of frustration and gratification. He considers the discharge processes in the neonate to be the building stones for psychic structure, which is contributed to by self-perceptions of the functioning of the apparatuses. He pointed out that the erections from infancy may, by laying down self-perceptions, lead to the overriding importance of that organ and sensations coming from it in later childhood. Dr. Fisher's work had again emphasized the importance of the dream in its function of drive discharge.

Dr. Edith Jacobson compared Dr. Fisher's conclusions to the thinking about the undifferentiated phase in which the infant's life begins with diffuse dispersion of psycho-physiological energy that acquires specific libidinal and aggressive qualities only some time after birth. There is a danger, however, in making sharp distinctions in reference to later developed processes in terms of these qualities. She pointed out that although Freud focused on psychic drives in later writings, he always maintained that the drives have somatic sources and are rooted in physiological processes. The pleasant and unpleasant sensations associated with the nursing experience must be called libidinous. As soon as this sexual drive quality appears, it can become associated with the infant's erections and this sexual excitation continues to be associated with the erections into adult life. She concluded that in the higher level dream processes, this primitive level of energy discharge may persist, but she would call it sexual in nature. She also believes that psychic life begins earlier than the second month, though not immediately upon birth.

Dr. Charles Brenner asked why the erection of infancy is considered to be a discharge. Dr. Heinz Hartmann pointed out that the dream receives contributions from both the physiological and psychological apparatuses.

Dr. Fisher said that work was in progress to study analogous processes in women. He considered the discharge processes in the neonate as id precursors; for example, the ready displacability of the motor discharge patterns as the basis for the primary process. He disagreed with Dr. Brody, pointing out that although perceptual discrimination may be present on the day of birth, this did not necessarily mean that memory is present. Piaget states that evocative

memory does not begin until eight to nine months of age, and that the dream is probably more than recognition memory. Also, the visual cortex does not mature until three months of age, and is not functional at birth. He again emphasized the fact that dreaming begins when the physiological motor discharge patterns start to decrease in the early months of life, and that although the other motor patterns disappear, the erection persists. The problem of the assumed discharge involved in erection was answered by pointing out that discharge can accompany tension, as had been stated by Jacobson. On the other hand, the problem is not fully answered and Fisher quoted Halverson to the effect that the erections of infants are often unpleasurable and waken them from sleep.

MANUEL FURER

March 31, 1964. DELUSIONAL FIXITY, SENSE OF CONVICTION, AND THE PSYCHOTIC CONFLICT. John Frosch, M.D.

Referring to Freud's paper, *Constructions in Analysis*, Dr. Frosch points to the element of the historic kernel of truth as being the essential factor which lends a sense of conviction to both a delusion and to an analytic reconstruction. The question is raised as to the role of historic truth in the persistence of a neurotic symptom, and whether the fixity of the latter is to some extent derived from the fact that it contains kernels of historic truth. The author then contrasts the neurotic with the delusional psychotic: in the neurotic the consistent belief in the reality of the symptom is missing; in the psychotic there is belief in the reality of the idea, and the historical truth is a current reality. There seems to be a more direct relationship between actual traumatic experiences and the content of the delusional system in the psychotic than there is in the neurotic. In some delusions what is striking is the rather overt, relatively undistorted or poorly disguised real aspect traceable to childhood. Dr. Frosch warns us that not only the content of the actual experience as such but certain intrapsychic reactions may be the crucial historical factors. The delusional state may be accompanied by alterations in the ego state, bringing about feelings which, having been experienced at one time in the past, lend a feeling of reality to what the individual is currently experiencing. Fragmented ego states are regressively re-experienced in the psychotic. Primitive introjective and extrojective mechanisms may be utilized in relating to present surroundings as they have been utilized previously. In the paranoid certain early experiences may contribute to disruption in the development of adequate ego boundaries and other experiences necessary to maturation. The accompanying ego states may be regressively re-experienced in the psychotic patient and lend a quality of validity to subsequent delusions. The disturbed ego state may even facilitate delusional formation as well as other psychotic symptomatology. Therefore, the sense of conviction of the reality of a delusion may be related not only to the historic truth of the content of the delusion but also to the regressive reappearance of a whole series of certain ego states and psychic phenomena coeval with past experiences.

Why the fixity of the delusion? A delusion has defensive and protective func-

tions as well as gratifying ones. The question is raised as to what the danger is that is feared and defended against so vehemently and that the psychotic tries to cope with in his delusions. Also is the danger feared different in the neurotic and the psychotic? Detailed clinical material is presented in which Dr. Frosch shows the psychotic delusional patient to be struggling against the danger of 'dedifferentiation' and blurring of the ego boundaries. This is so disturbing to the psychotic because dedifferentiation might eventuate in ultimate loss and dissolution of the self. The neurotic fears retaliation when there is a welling up of strong uncontrollable aggressive forces; the borderline psychotic fears that the self will disintegrate in the face of powerful forces which it cannot assimilate. These fears of disintegration and the dissolution of self relate to libidinal drives as well as to aggressive ones. They are actual survival-threatening experiences in the early life of psychotic patients which may have been perceived as causing annihilation. Especially important is the impact of these experiences upon the developing, still unformed, and vulnerable ego structure. The latter may remain in a somewhat fragmented state or poorly integrated, and vulnerable to dedifferentiation under the impact of subsequent experiences. This vulnerable state and fragmentation sensed by the ego may be the 'historic truth' rather than the content of the experience.

DISCUSSION: Dr. Robert Bak spoke of the hierarchy of delusions; the more intact the ego, the more similar the delusion is to the neurotic symptom and the more its cause is a deflected id wish. The more the ego is damaged, the more the fortification by reality is lost. The more the individuality of the delusion is lost, the more it becomes 'genetic truth' but not 'truth'. In regard to the fixity of delusions, Dr. Bak believes that the fear of dissolution of ego boundaries and disintegration of self is only tangential to the problem. Fixity of delusion is due to the subjective sense of certainty which results from the hypercathexis of the delusional idea and the withdrawal of cathexes from the reality-connections of the object.

Dr. Edith Jacobson emphasized that historic truth is operative in neurotic symptoms as well as in the delusion. In regard to the essential fears of the psychotic, she prefers as more accurate the phrase 'disintegration of psychic structures' to 'dissolution of the self', and feels that the former should be quite separate from 'dedifferentiation of self from non-self'. The psychotic is essentially trapped so that the fear of (and wish for) the loss of object is linked inextricably with the loss of self. In the psychotic the aggressive and libidinal drives are often difficult to distinguish. Dr. Jacobson agreed with Dr. Bak's description of the hypercathexis but emphasized that the question is why (not how). She feels with Dr. Frosch that the attempt at restitution of self and objects through delusion is necessary to forestall emotional death.

Dr. Charles Brenner wondered why the wish to merge with an object is so frightening to the borderline psychotic. Using one of Dr. Frosch's clinical examples, he felt that the anxiety stemmed from intense aggressive devouring wishes rather than from fears of passive regressive merging.



April 14, 1964. A PSYCHOANALYTIC COMMENTARY ON 'THE TRAGEDY OF RICHARD THE SECOND' BY WILLIAM SHAKESPEARE. Martin Wagh, M.D.

Dr. Wagh presented the hypothesis that the seemingly confused motivations and enigmatic behavior of Shakespeare's Richard the Second could be understood as manifestations of his struggle with an unconscious sense of guilt over the œdipal crime of usurpation and parricide, for which his murder of his uncle, the Duke of Gloucester, unconsciously stands. By further unconscious links, Richard also sees himself as a fratricide and regicide. Richard's fear-driven, ruthless, self-destructive acts, and his doubts about his true rights to the crown are defenses against his sense of guilt which is also ward off by effrontery, isolation, magical imprecation, and impersonal generalization. This central conflict finally results in his hasty, unnecessary, and passive abdication to his cousin, Bolingbroke. Having thus provoked the law of talion against himself, Richard enters a monumental mourning for himself, his friends, the crown, and pursues nothingness and death.

From the facts of the play, Richard's grief seems hollow when he laments the 'loss' of a crown whose possession he frequently doubted should be his, and the murder of three friends to whom he is not particularly close. Yet his ruing can deeply affect an audience because it contains, beyond the theme of narcissistic mortification, the repressed grief over the loss of beloved familial objects. However, Richard is able to abandon himself to mourning only after he has, in effect, passed on his œdipal guilt to Bolingbroke. Thus, the main psychological theme within the play is the father-son conflict.

Dr. Wagh next examines the historical facts of Richard's background and reign, which were certainly known to Shakespeare, pointing out the similarities and discrepancies between the Richard of Shakespeare's creation and the Richard of Shakespeare's historical sources. Contrary to the aloof, distant figure of Shakespeare's creation, Richard was known to be capable of deep affectionate attachments. Consciously or unconsciously, Shakespeare chose to emphasize some aspects of the historical material and to underplay, distort, or ignore others. By altering the historical facts, he allowed Richard to evolve in such a way as to emphasize his guilt, while the uncles are depicted in a manner worthy of veneration. Wagh believes that Shakespeare was compelled to assert Richard's guilt because of his own unconscious grasp of the psychology of a boy who twice—at the œdipal stage and again at puberty—triumphed over his œdipal rivals by surviving them. Hence, allusions to Richard's questionable rights and the theme of usurpation could stem as much from this psychological insight as the unique nature of his actual ascension.

Finally, the father-son theme would seem to have direct relevance to Shakespeare's own life at the time this play was written. In the manner of an inverse parallel to the play, Shakespeare's only son died at the age of eleven in the summer of 1596, survived by both his father and grandfather. One can only speculate about the unconscious feelings of triumph and guilt aroused in Shakespeare by the death of his son. But his grieving was intense, and seems to have been given poetic expression in King John, written in the winter of 1596-1597, where Constance grieves mightily over the loss of her son. In The Trag-

edy of Richard the Second, published in the summer of 1707. Shakespeare, by further defensive sublimatory steps, was already shifting the mourning for a human object to a more symbolic one—the crown.

**DISCUSSION.** Dr. Jacob Aslow noted that the oedipal conflicts in the play are reflected in a series of siblinglike relationships in the interaction between the cousins, Richard, Aumerle, and Bolingbroke. He postulated that Bolingbroke is Richard's rivalrous older brother. Richard and Aumerle are treated as a double, where the fate of either represents a different resolution of a central problem. It was as if Richard, from oedipal guilt, had the fantasy 'if only my brother would return I'd give back the crown'; however, following thoughts might be 'but then he might kill me' or 'maybe he'd be nice to me'. The pertinence of Shakespeare's only son having been a twin to this theme of the double was noted.

Dr. Edward Joseph thought that Richard's character and mercurial behavior could also be viewed as manifestations of his oedipal success. Bolstered by the reality of his true kingship, Richard is given to omnipotent fantasies and the psychology of the exception, accountable to no one. This fostered his identification with former kings whom he raised to divine levels, and his psychological downfall could be ascribed to the collapse of this idealized self-image. Dr. Joseph questioned attributing Shakespeare's historical distortions to grief at his son's death, especially since some place the writing of the play prior to that event. Shakespeare had ample experience of grief before this death.

Dr. Robert Bak believed the methodologic approach of the paper hinged too much on psychoanalytic reconstructions and inferences about the life and reactions of Richard, using the chronicles of Shakespeare's time, whose historical value is equivocal. Dr. Bruce Ruddick noted that the various chronicles were more propaganda organs for political factions than valid history, and that psychological inferences about his characters could more validly be confirmed from Shakespeare's own life. Dr. Mark Kanzer believed the paper demonstrated the correct approach of applied psychoanalysis by the use of educated, cautious inferences. In this play, Shakespeare begins to reveal a theme—that of the usurper king—which was to become a continuous thread in his work, the hero being Shakespeare himself. Drs. David Beres and Bernard Meyer noted that the focus of the paper was not essentially historical, and that by using psychoanalytic concepts Dr. Wangh had succeeded in revealing a psychological consistency otherwise absent in the stage character.

In conclusion, Dr. Wangh considered Dr. Arlow's and Dr. Joseph's contributions significant additions to his formulations. He believes the historical facts about the death of Shakespeare's son, and his reactions to it, are sufficiently clear to warrant the inferences made about their effect on the play. Although there is controversy over the actual date of writing, the final form of the play did not appear until after this event. Those who stress the historical aspects of the paper misunderstand his intent which is to attempt to understand the stage character of Richard, and how and why we enjoy the play. Although the sources available to Shakespeare were inaccurate, they were nevertheless the sources from which he had to work and formed the basis of his creative distortions.

NORMAN M. MARGOLIS

## MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 16, 1964. COLOR IN DREAMS. Harold Blum, M.D.

This paper investigates the metapsychology of color in dreams in a clinical context, integrating previous studies and proposing new theoretical formulations. Color vision is an autonomous ego function with a distinct phylogenetic and physiological development. Current research suggests that it may be present in the 'original' dream imagery but usually fades rapidly in the remembered dream. When color is reported spontaneously in the manifest dream content, it has received additional cathexis and serves definite psychological functions. Clinical and experimental evidence indicates that color is more likely to appear in dreams where there is ego or superego re-enforcement of voyeurism or color perception. Visual sensory sensitivity, strong external color stimulation, or regressive shifts in the perceptual apparatus might also contribute to a heightened perceptual awareness of color. Colors derive from memories of perceptions but are selectively used by the dream work. The dream and its day residues cannot be artificially isolated from the color psychology of waking perception and imagery; defensive alterations in hue, amount, or location may occur.

Color in dreams may have a complex multiple function, frequently used by the ego for both camouflage and communication—it can conceal or reveal in subtle shades or blinding glare. Because of the color differences of the skin, mucous membranes of the orifices, and internal body contents such as blood, feces, and urine, color may be used to contrast and differentiate inner and outer parts of the body: it is incorporated in the total body image and may be important in self-representation and identity, including sexual identity.

As a corollary, the comparison of the color of the skin, hair, and eyes may be employed in the differentiation of the self from object, or in an identification with an object. Structurally, dream color may also represent instinctual strivings and superego demands, analogous to the shaping of the manifest dream imagery by the structural conflict. The different hues and shades may be bound to a particular object or the self, especially the breast, feces, genitals; particular colors may be bound to certain drive organizations and to specific affects. Interest in color receives special impetus during the anal phase of development. Color is usually closely associated with affect in waking life and in the dream and central affects may 'color' the personality and create a mood which is reflected in the dream. Repetitive color dreams may be related to traumatic events in which color was involved or defensively incorporated as a screen. The role of color in projective testing should be collated with the dreams, and compared to color in hallucinations and fantasies.

## AUTHOR'S ABSTRACT

DISCUSSION: Dr. Mark Kanzer stated that the color dream is typically a screen memory that strives on the one hand to recover and on the other to deny a perception. Physiological stimuli (e.g., migraine), closeness to the day residue, trauma, and voyeuristic impulses intensify the perceptual elements. However, the specific report of color in a dream is of symbolic significance, even where the color can be traced to a particular day residue. In applying statistical meth-

ods, as does Dr. Blum, it would be of interest to learn of the relative incidence of different colors. Color dreams, derived as they frequently are from the bodily elements that enter into the sense of self, show a disposition to universal symbolism and may be considered as typical dreams that can be interpreted without associations. In the arts, Dr. Kanzer cited autobiographical recollections of Robert Louis Stevenson which traced his published fantasies to dreams arising from a dread of a shade of brown that had haunted him since early childhood. Van Gogh felt that colors gave life to pictures, and in suicidal attempts he swallowed color paints, thus reintrojecting the life he gave to his canvases. His portrait of his bedroom was painted in a somnabulistic state and was therefore close to an enacted color dream.

Dr. Sylvan Keiser discussed the implications of colors of skin and body orifices as genetic factors in the construction of the body image. Color undoubtedly increases the cathexis of the orifices and becomes linked with fantasies associated with the color, or excrement, of particular orifices. Consideration should be given to the possibility that these colors may interfere with body-image formation since they break the continuity of skin color and might be isolated or not accepted as part of one's self. The alternative possibilities that patients actually dream in color or that color is added upon recall when it serves a specific function were discussed. Dr. Keiser added a further possibility: that all dreams are in color, which is then repressed. The symbolic and affective meaning of color in various cultures was considered in the light of its impact on body image formation and color in dreams.

Dr. Paul Goolker stated that in his experience color is infrequent in nightmares, thus contradicting the general idea that lack of color is related to the dream work's function of affect reduction. He felt that Dr. Blum's stress on the defensive use of color was important.

Dr. Nathaniel Ross considered the quality of color representation in the dream important. Some patients are intrigued by the luminosity and vividness of their color dreams. Conflicts in color and noncolor dreams appear to be identical, an observation that suggests that color representation is a reflection of an autonomous ego function. This is consistent with the observation that color occurs most frequently in the dreams of inherently artistic people.

Dr. Melitta Sperling felt that the appearance of color occurs primarily in light states of sleep. The choice, intensity, and distribution of dream colors might be studied with reference to the universal male and female sexual symbolism of colors. Color elements deserve special attention since they often express affects and moods not associated with any other element in a particular dream.

Dr. Maurice Friend discussed preschool blind children who describe color in their dreams, and color-blind people who often utilize color in dreams to deny perceptual defects. In the normal development of children, color is not emphasized in dreaming.

In conclusion, Dr. Blum stated that he used material reported by patients and the information was thus phenomenological in nature. Accordingly, his material could not be used to answer Dr. Keiser's question about whether color is present or absent in all dreams. He agreed with Dr. Ross that luminosity was



important and felt it also played a role in noncolor dreams. The author felt that probably in all races there would be color contrasts between the external aspects of the body and the internal products, such as urine and feces. He discussed the possibility that primitives use many colors in their battle dress in an attempt to overcome the trauma of frightening anticipations of injury to the body and exposure of the internal parts.

RICHARD V. YAZMAJIAN

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The Fall Meeting of the AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 4 through 6, 1964, at the Commodore Hotel, New York City.

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The Mid-Winter Meeting of the ACADEMY OF PSYCHOANALYSIS will be held December 5 and 6, 1964 at The Summit Hotel, New York City.

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AMERICAN IMAGO, now edited by Dr. Harry Slochower, announces a new Board of Consultants, including Drs. Heinz Hartmann and Edith Jacobson. Henceforth each issue will be chiefly devoted to some specific application of psychoanalysis to the arts or science.



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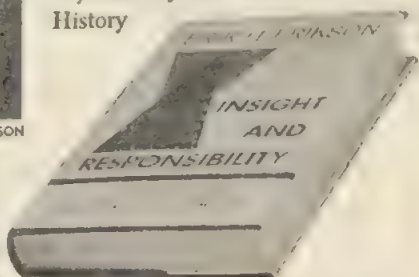
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